


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K73652</b> 1. Entity Name <b>STUHL ENGINEERING CONSULTANTS, INC.</b>	
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Principal Place of Business <b>1860 ANZLE AVENUE WINTER PK, FL 32789 US</b>	Mailing Address <b>1860 ANZLE AVENUE WINTER PK, FL 32789 US</b>
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**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2938262</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>KATZ, LAWRENCE H. STE 120 341 N MAITLAND AVE MAITLAND, FL 32751</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000051526 02/16/04-80055-007 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STUHL, III, JOSEPH F 1860 ANZLE AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CONDO, HAROLD H 1860 ANZLE AVENUE WINTER PK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOLLOWAY, AMY S 1860 ANZLE AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>2/11/04</b>	Daytime Phone # <b>4076457815</b>
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