

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L98000

Entity Name: STETKAR ENTERPRISES, INC.

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8985 N CEDAR COVE RD  
DUNNELLON, FL 34434 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1180  
HERNANDO, FL 344421180 US

**New Mailing Address:**

8985 N CEDAR COVE RD  
DUNNELLON, FL 34434 US

FEI Number: 59-3032657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STETKAR, LARRY  
8985 NORTH CEDAR COVE RD.  
DUNNELLON, FL 34434 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: STETKAR, LARRY  
Address: 8985 N. CEDAR COVE RD.  
City-St-Zip: DUNNELLON, FL 34434

Title: VST  
Name: STETKAR, SANDRA  
Address: 8985 N. CEDAR COVE RD.  
City-St-Zip: DUNNELLON, FL 34434

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA S STETKAR

V P

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date