

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80910

Entity Name: STUMBRAS LTD., INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

5315 ABELIA DR
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5315 ABELIA DR.
ORLANDO, FL 328193308 US

New Mailing Address:

FEI Number: 59-2933717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUMBRAS, BRUCE A
5315 ABELIA DR
ORLANDO, FL 32819

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: STUMBRAS, BRUCE A.,
Address: 5315 ABELIA DR.
City-St-Zip: ORLANDO, FL

Title: DVS () Delete
Name: STUMBRAS, MARGARET
Address: 5315 ABELIA DR
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE STUMBRAS

DPT

01/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date