

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003285

1. Entity Name
STAND, INC.



Principal Place of Business
2312 CHERRY RIDGE LANE
BRANDON, FL 33511

Mailing Address
2312 CHERRY RIDGE LANE
BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE



04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
68-0501228

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, TERRENCE N II
174 SANTA BARBARA WAY
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ETHERIDGE, ALBERTO PO BOX 12791 GAINESVILLE, FL 32604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOUCHSTON, BOB 1298 CIMARRON CIRCL NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAWFORD, MIKE 2511 E. COLONIAL DRIVE, #166 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEMPLE, TERRY 2312 CHERRY RIDGE LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/04-80149-018 61.25

**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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

813-653-4822
Daytime Phone #