


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000026478 1. Entity Name STOECKLE ENTERPRISES, INC.	
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Principal Place of Business 2521 REGAL RIVER ROAD VALRICO, FL 33594	Mailing Address 2521 REGAL RIVER ROAD VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3654447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELICI, LINA
ONE TAMPA CITY CENTER
201 N. FRANKLIN STREET #2700
TAMPA, FL 33602

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOECKLE, MICHAEL J 2521 REGAL RIVER ROAD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOECKLE, MARK E 2521 REGAL RIVER ROAD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOECKLE, KORY K 2521 REGAL RIVER RD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/11/05-80125-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kory K Stoeckle KORY K STOECKLE 4-6-05 813-389-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #