

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P0000026478

1. Entity Name
STOECKLE ENTERPRISES, INC.



Principal Place of Business
**2521 REGAL RIVER ROAD
VALRICO, FL 33594**

Mailing Address
**2521 REGAL RIVER ROAD
VALRICO, FL 33594**



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654447

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$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**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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04/20/07-80091-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Stoekle* **KORY STOECKLE** 4-10-07 813-389-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #