

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # P00000026478

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**



02112008 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 <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**

**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, 2008 Fee will be \$550.00**

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

000000827840
02/22/08-80006-015 150.00

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	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
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 K. Stoekle **KORY K STOECKLE** 2-11-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

813-389-1045