FILED

May 06, 2004 8:00 am

## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secretary of State 05-06-2004 90191 030 \*\*\*150.00 **DOCUMENT # P00000066132** STOCKER PRODUCTIONS INC. Principal Place of Business Mailing Address 44045071 2630 VINSON AVE. 2630 VINSON AVE. SARASOTA, FL 34232 SARASOTA, FL. 34232 No Cho-P CR2E034 (10/03) 04282004 DOWN Grant Harming IN SET IN S Applied For 4. FFI Number 65-1021786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent STOCKHILL; MICHAEL W ETC EVICE AVIE THE 2630 VINSON AVE. SARASOTA, FL 34232 8.4 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 femiliar with, and accept the obligations of registered agent. SIGNATURES Signature, typed or privide name of registered agent and little if applicable. (NOTE: Registered Agent stonature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. D TITLE D NAME S OFFICERS AND DIRECTORS STOCKHILL, MICHAEL W STREET ADDRESS 2630 VINSON AVE. CITY ST-71P SARASOTA, FL 34232 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS esdishiyasa (on the color CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZJP 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 each; 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 of MICHAEL W. 04 SIGNATURE: \_\ GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR