


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 016 ***550.00

DOCUMENT # P00000079173 1. Entity Name STUMPS AWAY INC.	
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 8348 E SR 44 WILDWOOD, FL 34785	Mailing Address 8348 E SR 44 WILDWOOD, FL 34785
---------------------------------------------------------------------------	---------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3665469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMOAK, KATHY 8348 E SR 44 WILDWOOD, FL 34785	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 <u>Kathy Smeal Kathy Smeal</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>	DATE <u>5-5-04</u>

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC SMOAK, KATHY 8348 SR 44 WILDWOOD, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMOAK, EDDIE 8348 SR 44 WILDWOOD, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMOAK, ASHLEY D 8348 E. SR 44 WILDWOOD, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, JUSTIN K 8348 E. SR 44 WILDWOOD, FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 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: <u>Kathy Smeal Kathy Smeal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5-5-04</u> Daytime Phone # <u>352-303-0855</u>