


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000079173 1. Entity Name STUMPS AWAY INC.	
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Principal Place of Business
**8348 E SR 44
WILDWOOD, FL 34785**

Mailing Address
**8348 E SR 44
WILDWOOD, FL 34785**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	SMOAK, KATHY
STREET ADDRESS	8348 SR 44
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	VS
NAME	SMOAK, EDDIE
STREET ADDRESS	8348 SR 44
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	S
NAME	SMOAK, ASHLEY D
STREET ADDRESS	8348 E. SR 44
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	D
NAME	SMOAK, JUSTIN K
STREET ADDRESS	8348 E. SR 44
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80097-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05 352-748-5333
Date Daytime Phone