2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000001756

1. Entity Name
DAVID P. STACK, P.A.

Principal Place of Business	Mailing Address
8601 KIOWA TRAIL KISSIMMEE, FL 34747	8601 KIOWA TRAIL KISSIMMEE, FL 34747

DO NOT WRITE IN THIS SPACE

44050098

07072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3694595	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STACK, DAVID P
8601 KIOWA TRAIL
KISSIMMEE, FL 34747

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees   . In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STACK, DAVID
STREET ADDRESS	8601 KIOWA TRAIL
CITY-ST-ZIP	KISSIMMEE, FL 34747

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____   7-16-04   407 908 3656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #