


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90002 024 ***158.75

DOCUMENT # P0100007989
 1. Entity Name
SNOWBALL STUMP, INC.



Principal Place of Business Mailing Address
 1025 ROBERTS LANE 1025 ROBERTS LANE
 KEY WEST, FL 33040 KEY WEST, FL 33040

54072327



DO NOT WRITE IN THIS SPACE

09072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 31-1757125 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLITENICK, RICHARD M ESQ
 624 WHITEHEAD ST
 KEY WEST, FL 33040

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: Richard Klitenick DATE: 8/11/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PTD |
| NAME | SHULTZ, CHRISTOPHER |
| STREET ADDRESS | 1025 ROBERTS LANE |
| CITY-ST-ZIP | KEY WEST, FL 33040 |
| TITLE | VSD |
| NAME | MARRERO, MICHAEL |
| STREET ADDRESS | 2201 SEIDENBERG AVE. |
| CITY-ST-ZIP | KEY WEST, FL 33040 |
| 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 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: [Signature] DATE: 8/11/04 DAYTIME PHONE #: 305-849-0930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

57072327

#PO/00007989

To whom it may concern; please pardon the latness of my report. I as told that is was not due untill september 8th . I put it off untill late august. Unfortunatly I was extremely effected by both hurricains charlie and frances. I have enclosed a check for \$150.00 as told by one of you agents. I got this to you as fast as I possibly could. Your office and the emplyees I have talked to have been extremely helpful. Thank you for your understanding

Christopher Shultz
Snowball stump inc
305-849-0930