

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000016028



1. Entity Name  
STOEKE-HOLCOMB ENTERPRISES, INC.

Principal Place of Business  
6101 SILVER STAR ROAD  
ORLANDO, FL 32808-4242

Mailing Address  
6101 SILVER STAR ROAD  
ORLANDO, FL 32808-4242

**FILED  
Jan 29, 2004 8:00 am  
Secretary of State**

01-29-2004 90107 021 \*\*\*150.00

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01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2298477	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

STOEKE, WALTER III  
6101 SILVER STAR ROAD  
ORLANDO, FL 32808-4242

**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

*Walter Stoek*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-23-04*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME STOEKE, WALTER E III  
STREET ADDRESS 6101 SILVER STAR ROAD  
CITY-ST-ZIP ORLANDO, FL 328084242

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: *Walter Stoek, Walter Stoek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-23-04 6807759*

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**