

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90008 022 ***150.00

44001100



01122004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000030840 1. Entity Name STOPHER INVESTMENTS, INC.					
Principal Place of Business 5311 HIDDEN HARBOR ROAD SARASOTA, FL 34242			Mailing Address 5311 HIDDEN HARBOR ROAD SARASOTA, FL 34242		
2. Principal Place of Business 8894 BLOOMFIELD BLVD.		3. Mailing Address 8894 BLOOMFIELD BLVD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 65-1089390	
Zip 34238		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOPHER CHAMP'S 5311 HIDDEN HARBOR ROAD SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8894 BLOOMFIELD BLVD. City SARASOTA FL Zip Code 34238		
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>CHAMP S. STOPHER</u> <i>Cham S Stopher</i> DATE <u>1-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STOPHER, CHAMP S 5311 HIDDEN HARBOR DR SARASOTA, FL 34242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8894 BLOOMFIELD BLVD. SARASOTA FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: CHAMP S STOPHER <i>Cham S Stopher</i> 1-12-04 941-924-8867 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					