
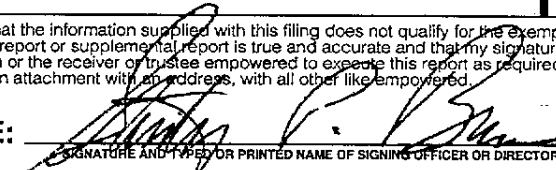


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000048557 1. Entity Name STANLEY P. BRUNS, INC.			
Principal Place of Business 1100 S COLLIER BLVD, APT 122 MARCO ISLAND, FL 34145		Mailing Address 1100 S COLLIER BLVD, APT 122 MARCO ISLAND, FL 34145	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent TUCKER, GLENN SUNTRUST CENTRE-STE 204 950 N COLLIER BLVD MARCO ISLAND, FL 34145		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 _____ DATE _____ <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		04/26/04-80124-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNS, STANLEY P 1100 S COLLIER BLVD #122 MARCO ISLAND, FL 34145	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNS, SHARON H 1100 S COLLIER BLVD #122 MARCO ISLAND, FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: April 22, 2004 Daytime Phone: 2396426412	