

2004 FOR PROFIT CORPORATION ANNUAL REPORT

0000000000 P01000064285

1. Entity Name
STUMPF HOLDINGS, INC.



Principal Place of Business

424T STACK BLVD. 2727 N. HWY A1A
APT A 307 apt. #502
MELBOURNE, FL 32903

Mailing Address

7620 MASS. AVE
NEW PORT RICHEY, FL 34653

FILED
04 MAY 17 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02172004 000000 000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3731264 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 000000000000

6. Name and Address of Current Registered Agent

GILMORE, DAVID C
7620 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 000000000000

05/05/04 000000-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STUMPF, ROBERT F 27306 BARRETT STATION RD BALLWAN, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600037343696
05/26/04--01050--023 **155.00

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: Robert F Stumpf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727
4/27/04 848-2296
Date Daytime Phone #