Feb 12 2007 11:12 DAVID C GILMORE

FILED
Feb 15, 2007 8:00 am
Secretary of State

1/22/7

01-22-2007 90106 039 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000064285

1. Entity Name
STUMPF HOLDINGS, INC.

Principal Place of Business	Mailing Address
7620 MASSACHID NEW PORT RICHEY, FL 34653	7620 MASS. AVE NEW PORT RICHEY, FL 34653

01052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7620 Massachusetts Ave.		7620 Massachusetts Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: New Port Richey, FL		City & State: New Port Richey, FL	
Zip: 34653	Country: USA	Zip: 34653	Country: USA

4. FEI Number: 59-3731264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Robert F. Stumpf PRESIDENT 1/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PSTD STUMPF, ROBERT F 2724 BARRETT STATION RD BALLWIN, MO 630215814	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 / PRESIDENT 2/11/07 314-713-9710
ROBERT F. STUMPF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #