

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90007 042 ***550.00

DOCUMENT # P01000084941

1. Entity Name

STENDAHL, INC.



Principal Place of Business

2405 RIVERBLUFF PKWY VILLA 242
SARASOTA FL 34231-5034
US

Mailing Address

2405 RIVERBLUFF PKWY VILLA 242
SARASOTA FL 34231-5034
US

44043303



MOORE CR2E034 (11/03)

2. Principal Place of Business

2405 RIVERBLUFF PKWY

3. Mailing Address

2405 RIVERBLUFF PKWY

Suite, Apt. #, etc.

VILLA 242

Suite, Apt. #, etc.

VILLA 242

City & State

SARASOTA FL 34231-5034

City & State

SARASOTA FL 34231-5034

4. FEI Number

65-1140865

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICON, A. JANET
2405 RIVERBLUFF PKWY VILLA 242
SARASOTA FL 34231-5034

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PICON, A. JANET	
STREET ADDRESS	2405 RIVERVIEW PKWY V242	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PICON, A. JANET	
STREET ADDRESS	2405 RIVERVIEW PKWY V242	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	PICON, A. JANET	
STREET ADDRESS	2405 RIVERVIEW PKWY V242	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	T	<input type="checkbox"/> Delete
NAME	PICON, A. JANET	
STREET ADDRESS	2405 RIVERVIEW PKWY V242	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

No changes

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/04 941-922-2289