


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000035833</b>	
1. Entity Name STIERWALT, INC.	

Principal Place of Business 350 E HIGHWAY 434 WINTER SPRINGS, FL 32708	Mailing Address 350 E HIGHWAY 434 WINTER SPRINGS, FL 32708
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  STONE, STEPHEN M 725 NORTH MAGNOLIS AVENUE ORLANDO, FL 32803
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08192004 No Chg-P CR2E034 (10/03)	
4. FEI Number 90-0024518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSS, DELORES K 350 E HIGHWAY 434 WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STIERWALT, HARRY M SR 350 E HIGHWAY 434 WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/23/04-80001-014 558.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Delores Kaaren Ross</i>	8-20-04	407-383-9160
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

*Delores Kaaren Ross*