

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000043443

1. Entity Name
STNAN, INC.



Principal Place of Business
**5527 EL CERRO DR
NEW PORT RICHEY, FL 34655**

Mailing Address
**5527 EL CERRO DR
NEW PORT RICHEY, FL 34655**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0664596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FAJMAN, STANLEY
5527 EL CERRO DR
NEW PORT RICHEY, FL 34655**

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FAJMAN, STANLEY**
STREET ADDRESS **5527 EL CERRO DR**
CITY - ST - ZIP **NEW PORT RICHEY, FL 34655**

TITLE **V**
NAME **FAJMAN, NANCY**
STREET ADDRESS **5527 EL CERRO DR**
CITY - ST - ZIP **NEW PORT RICHEY, FL 34655**

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01/28/05-80079-002 150.00

**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)(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: *Stanley Fajman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04 y

Date

727 376 1381
Daytime Phone #