

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000098447

**1. Entity Name
STITELAND PUBLISHING, INC.**



**Principal Place of Business
687 ALDERMAN RD., #301
PALM HARBOR, FL 34683**

**Mailing Address
687 ALDERMAN RD., #301
PALM HARBOR, FL 34683**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
72-1533634**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LABRECQUE, EDWARD C
1202 NEBRASKA AVE
PALM HARBOR, FL 34683**

**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

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**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

10. OFFICERS AND DIRECTORS

**TITLE D
NAME STITELER, ROWLAND H
STREET ADDRESS 326 FLORIDA BLVD./ P O BOX 652
CITY-ST-ZIP CRYSTAL BEACH, FL 34681**

**TITLE D
NAME STITELER, DONNA G
STREET ADDRESS 326 FLORIDA BLVD./ P O BOX 652
CITY-ST-ZIP CRYSTAL BEACH, FL 34681**

**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**

**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:

Rowland H. Stiteler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 2004
Date

727-781-9771
Daytime Phone #