

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90305 037 ***150.00

DOCUMENT # P02000126877 1. Entity Name STACKPOLE ENTERPRISES INC.					
Principal Place of Business 2219 ALDRIDGE ST FORT MYERS, FL 33907			Mailing Address 2219 ALDRIDGE ST FORT MYERS, FL 33907		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03252005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 54-2789477	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACKPOLE, BENJAMIN 2219 ALDRIDGE ST FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Elizabeth Willis Street Address (P.O. Box Number is Not Acceptable) 488 Henley Drive City Naples FL Zip Code 34104	
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 <u>Elizabeth Willis</u> DATE <u>3-25-05</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P STACKPOLE, BENJAMIN 2219 ALDRIDGE ST FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACSWORDS, JOHN 14320 BRISTOL BAY PLACE #403 FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICARDO, EDUARDO R 9850 BERNWOOD PLACE #209 FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3-18-05</u> Daytime Phone: <u>859 661-5871</u>		