



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000014779</b> 1. Entity Name UMBARGER STITZEL LAW GROUP, P.A.			
Principal Place of Business 1105 LITHIA PINECREST RD. BRANDON, FL 33511		Mailing Address 1105 LITHIA PINECREST RD. BRANDON, FL 33511	
4. FEI Number 26-0058480		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  STITZEL, D. HOWARD III 206 N. COLLINS ST. PLANT CITY, FL 33563			
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 re-registering) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD		
NAME	STITZEL, D. HOWARD III		
STREET ADDRESS	1105 LITHIA PINECREST RD.		
CITY-ST-ZIP	BRANDON, FL 33511		
TITLE	VD		
NAME	UMBARGER, STUART W		
STREET ADDRESS	1105 LITHIA PINECREST RD.		
CITY-ST-ZIP	BRANDON, FL 33511		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> 		1-25-06 (813) 759-1224	
D. Howard Stitzel, III		Date Daytime Phone #	

U00000535710  
05/08/06-80061-024 158.75