2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90010 015 ***150.00

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1. Entity Name:
STELLAR INFORMATION TECHNOLOGY SOLUTIONS INCORPORATED

Principal Place of Business:
1065 RED BUD CIRCLE
ROCKLEDGE, FL 32955

Mailing Address:
1065 RED BUD CIRCLE
ROCKLEDGE, FL 32955

2. Principal Place of Business:
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address:
Suite, Apt. #, etc.
City & State
Zip
Country

02132004 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0034462
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACIAG, PETER K SR
1065 RED BUD CIRCLE
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable):
City FL Zip Code

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	PD	☐ Delete
NAME	PELLECCHIA, NANCY E CEO	
STREET ADDRESS	1065 RED BUD CIRCLE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	☐ Delete
NAME	MACIAG, PETER K SR.	
STREET ADDRESS	1065 RED BUD CIRCLE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Peter K Maciag Sr 02-26-2004 321-504-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #