

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90025 015 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000063573 1. Entity Name S.T.I. CORPORATION					
Principal Place of Business 5340 VILLAGEBROOK DRIVE WESLEY CHAPEL FL 33543		Mailing Address 5340 VILLAGEBROOK DRIVE WESLEY CHAPEL FL 33543			
2. Principal Place of Business <i>5340 Villagebrook Dr</i>		3. Mailing Address <i>5340 Villagebrook Dr</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Wesley chapel FL</i>		City & State <i>Wesley chapel FL</i>		4. FEI Number <i>80-0067657</i>	
Zip <i>33543</i>		Country <i>PASCO</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOCK, TAMELA S 5340 VILLAGEBROOK DRIVE WESLEY CHAPEL FL 33543			7. Name and Address of New Registered Agent Name <i>TAMELA HOCK</i> Street Address (P.O. Box Number is Not Acceptable) <i>5340 Villagebrook Dr</i> City <i>Wesley chapel</i> FL Zip Code <i>33543</i>		
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 Make Check Payable to Florida Department of State			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	<i>owner</i> <i>TAMELA HOCK</i> <i>5340 Village Dr</i> <i>Wesley chapel FL 33543</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>TAMELA HOCK</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-14-04 Date		813-907-1243 Daytime Phone #