


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-07-2004 90006 017 ***150.00

DOCUMENT # P03000086921	
1. Entity Name THERESE STUTZ, INC.	

Principal Place of Business 1546 PEREZ STREET ORLANDO, FL 32825	Mailing Address 1546 PEREZ STREET ORLANDO, FL 32825
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66415545



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number 200138364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
STUTZ, THERESE 1546 PEREZ STREET ORLANDO, FL 32825	

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 _____ (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	P <input type="checkbox"/> Delete
NAME	STUTZ, THERESE
STREET ADDRESS	1546 PEREZ STREET
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	V <input type="checkbox"/> Delete
NAME	STUTZ, MICHAEL L
STREET ADDRESS	1546 PEREZ STREET
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D <input type="checkbox"/> Delete
NAME	STUTZ, THERESE
STREET ADDRESS	1546 PEREZ STREET
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	S <input type="checkbox"/> Delete
NAME	STUTZ, THERESE
STREET ADDRESS	1546 PEREZ STREET
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	T <input type="checkbox"/> Delete
NAME	STUTZ, THERESE
STREET ADDRESS	1546 PEREZ STREET
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: *Theresa Stutz* **THERESE Stutz** 4-1-04 4073819648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #