

2004 FOR PROFIT CORPORATION ANNUAL REPORT


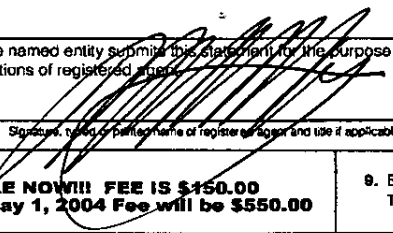

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-16-2004 90049 027 ***150.00

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03292004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000111846					
1. Entity Name STEMPEL INVESTMENTS, INC.					
Principal Place of Business 1470 RAIL HEAD BLVD. NAPLES, FL 34110			Mailing Address % ROBERT D. ROYSTON, JR. ESQ. P.O. DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 71-0952946	
				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			7. Name and Address of New Registered Agent		
STEMPEL, ROSWITHA (Sec. of State error) COSTELLO & ROYSTON 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907			Name Robert D. Royston, Jr.		
			Street Address (P.O. Box Number is Not Acceptable) 12670 New Brittany Blvd. Suite 101		
			City Fort Myers, FL		
			Zip 33907		
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 4/24/2004					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEMPEL, ROSWITHA		NAME	2195 Malibu Lake Circle	
STREET ADDRESS	521 COLLINGSWORTH LANE		STREET ADDRESS	Naples, FL 34119	
CITY-ST-ZIP	GREENSSVILLE, SC 29615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D,P,S,T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Dietrich Stempel	
STREET ADDRESS			STREET ADDRESS	2195 Malibu Lake Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  04/09/04 239 598 9366					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					