2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035570

Entity Name: STOUFFR ENTERPRISES INC

11404 SUNCREEK PLACE

TEMPLE TERRACE, FL 33617

Address: City-St-Zip: FILED Mar 28, 2005 Secretary of State

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Current Principal Place of Business:				New Prince	New Principal Place of Business:			
	TH AVENUE, RSBURG, FL							
Current Mailing Address:				New Mailing Address:				
	TH AVENUE, RSBURG, FL							
FEI Number:	: 20-0771860	FEI Number A	pplied For()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
11404 SUI	CAROLINE NCREEK PL/ ERRACE, F							
	named entit e of Florida.	y submits this sta	atement for the pu	ırpose of changing i	ts registei	red office or registered agent,	or both,	
SIGNATUR	RE:							
	Electr	onic Signature of	Registered Ager	nt		Date		
Election Car	npaign Financ	ing Trust Fund Cor	ntribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STOUFER, S 1059 - 60TH	() Delete EATON AVENUE, NORTH BURG, FL 33703		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	STOUFER, S 1059 - 60TH	() Delete HERRIE AVENUE, NORTH BURG, FL 33703		Title: Name: Address: City-St-Zip:	1059 - 60	(X) Change () Addition R, SHERRI TH AVENUE, NORTH RSBURG, FL 33703		
Title: Name:	D MCKEON, CA	() Delete AROLINE		Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CAROLINE MCKEON D 03/28/2005