


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90543 038 \*\*\*150.00

<b>DOCUMENT # P04000126145</b>	
1. Entity Name <b>STUMPS-R-US INC.</b>	

Principal Place of Business <b>105 NE 6 PL CAPE CORAL, FL 33909</b>	Mailing Address <b>105 NE 6 PL CAPE CORAL, FL 33909</b>
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2. Principal Place of Business <b>2838 SW 47 TER</b> Suite, Apt. #, etc.	3. Mailing Address <b>2838 SW 47 TER</b> Suite, Apt. #, etc.
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City & State <b>Cape Coral FL</b>	City & State <b>Cape Coral FL</b>
Zip <b>33914</b>	Zip <b>33914</b>
Country	Country

04292005 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent <b>LAMEAR, TERESA 105 NE 6 PL CAPE CORAL, FL 33909</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2838 SW 47 TER</b> City <b>Cape Coral</b> FL Zip Code <b>33914</b>	
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 <b>Teresa Lamear</b> DATE <b>4-29-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEMAEAR, RONALD 105 NE 6 PL CAPE CORAL, FL 33909</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lamear, Ronald</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2838 SW 47 TER Cape Coral FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEMAEAR, TERESA 105 NE 6 PL CAPE CORAL, FL 33909</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lamear, Teresa</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2838 SW 47 TER Cape Coral, FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>K.P. Robert Lamear</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2838 SW 47 TER Cape Coral FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <b>Teresa Lamear</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-29-05</b>	Daytime Phone # <b>239-513-7350</b>
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