

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 024 ***150.00

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1. Entity Name
STM ENTERPRISES OF DELAND, INC.



Principal Place of Business
**830 NORTH 10TH AVENUE
HOLLYWOOD, FL 33019**

Mailing Address
**830 NORTH 10TH AVENUE
HOLLYWOOD, FL 33019**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



05152007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2780067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAMS, MURRAY JR
830 NORTH 10TH AVENUE
HOLLYWOOD, FL 33019**

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SAMS, PIETRINA M**
STREET ADDRESS **830 NORTH 10TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **VP** ☐ Delete
NAME **SAMS, MURRAY JR**
STREET ADDRESS **830 NORTH 10TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **ST** ☐ Delete
NAME **SAMS, PIETRINA M**
STREET ADDRESS **830 NORTH 10TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

PIETRINA SAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10, 2007
DATE

Daytime Phone #