

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90190 023 \*\*\*150.00

DOCUMENT # P05000101107

1. Entity Name

TIMOTHY STAMMEL, INC.



Principal Place of Business

833 58TH AVEN N  
ST. PETERSBURG FL 33703-1603

Mailing Address

833 58TH AVEN N  
ST. PETERSBURG FL 33703-1603



2. Principal Place of Business

833 58TH AVEN N  
ST. PETERSBURG FL

3. Mailing Address

833 58TH AVEN N  
ST. PETERSBURG FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33703 PINEHILLS

33703 PINEHILLS

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAMMEL, TIMOTHY M  
833 58TH AVEN N  
ST. PETERSBURG FL 33703-1603

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

*Timothy M. Stammel*  
Signature, typed or printed name of registered agent and title if applicable

(Not Registered Agent signature required when reinstating)

04/25/06  
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	STAMMEL, TIMOTHY M	
STREET ADDRESS	833 58TH AVEN N	
CITY-ST-ZIP	ST. PETERSBURG FL 33703-1603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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:

*Timothy M. Stammel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 724 430 0914  
Date Daytime Phone #