

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000002994

1. Entity Name  
STUFF ETC, INC.



Principal Place of Business  
3200 COVE CAY DR APT 1-A  
CLEARWATER, FL 33760-1250

Mailing Address  
3200 COVE CAY DR APT 1-A  
CLEARWATER, FL 33760-1250



04152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4364423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCDONOUGH, DANIEL V JR  
3200 COVE CAY DR APT 1-A  
CLEARWATER, FL 33760-1250

**DO NOT WRITE  
IN THIS SPACE**

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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000945879  
05/30/08-80026-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCDONOUGH, DANIEL V JR
STREET ADDRESS	3200 COVE CAY DR APT 1-A
CITY-ST-ZIP	CLEARWATER, FL 337601250

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

✓ 4/24/08

Daytime Phone #

727-530-1773