

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000103157

Entity Name: STEPHAALI CORP

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

181 W. MAINE AVENUE  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161854  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

FEI Number: 27-1574725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLY, JOHN  
1272 BLUEBERRY CT  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KELLY, JOHN  
Address: 1272 BLUEBERRY CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: TREA  
Name: KELLY, JOHN  
Address: 1272 BLUEBERRY CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN KELLY

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date