

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000063032

Entity Name: S.T.M. CONCEPTS, INC.

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

**Current Principal Place of Business:**

950 W. WINTER PARK DR., STE 240  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

4500 SALISBURY ROAD  
SUITE 310  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

20189 NW 10TH ST  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

FEI Number: 27-3299182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLEZ, JEROME A  
1870 CLAYTON CT  
FT MYERS, FL 33907 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: D,P  
Name: PLEZ, JEROME A  
Address: 4500 SALISBURY ROAD, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: S,T  
Name: PLEZ, JEROME A  
Address: 4500 SALISBURY ROAD, SUITE 310  
City-St-Zip: JACKSONVILLE, FL 32216 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: JEROME PLEZ

PRES

04/29/2011

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

\_\_\_\_\_  
Date