


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000001775
1. Entity Name
STEMMANN TOOL & DIE, INC.



Principal Place of Business 2633 LANTANA RD SUITE 1 LANTANA, FL 33462	Mailing Address 2633 LANTANA RD SUITE 1 LANTANA, FL 33462
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01092004 No Chg-P CR2E034 (18/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0372827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEMMANN, CHARLES J
2633 LANTANA RD
SUITE 1
LANTANA, FL 33462

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 signatures required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEMMANN, CHARLES J 353 SHADY LN RD PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORTHY, MALCOM D 4081 HAPPINESS ST WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/22/04-80032-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: Charles J. Stemann 01/20/04 561-439-6304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #