


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90009 039 ***150.00

DOCUMENT # P93000086400		
1. Entity Name STEFECO INDUSTRIES, INC.		

Principal Place of Business 1006 MARLEY DRIVE HAINES CITY, FL 33844	Mailing Address 1006 MARLEY DRIVE HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3218621	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

ALLEGRE, MARC
1006 MARLEY DRIVE
HAINES CITY, FL 33844

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	ALLEGRE, MARC
STREET ADDRESS	3128 DOWNS COVE ROAD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	PD
NAME	MINGUEZ, PATRICE
STREET ADDRESS	1006 MARLEY DRIVE
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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(3)(i), 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:  8/20/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #