


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

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| DOCUMENT # P93000086400 1. Entity Name STEFCO INDUSTRIES, INC. |  |
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| 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



04192007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3218621 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ALLEGRE, MARC 1006 MARLEY DRIVE HAINES CITY, FL 33844 | DO NOT WRITE IN THIS SPACE |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ALLEGRE, MARC 3128 DOWNS COVE ROAD WINDERMERE, FL 34786 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MINGUEZ, PATRICE 1006 MARLEY DRIVE HAINES CITY, FL 33844 |
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05/01/07-80116-023 150.00

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: Patrice Miguez Patrice Miguez 4/18/07 863-547-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #