

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086400

Entity Name: STEFCO INDUSTRIES, INC.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1006 MARLEY DRIVE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

1006 MARLEY DRIVE  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 59-3218621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEGRE, MARC  
1006 MARLEY DRIVE  
HAINES CITY, FL 33844 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: ALLEGRE, MARC  
Address: 3128 DOWNS COVE ROAD  
City-St-Zip: WINDERMERE, FL 34786

Title: PD ( ) Delete  
Name: MINGUEZ, PATRICE  
Address: 1006 MARLEY DRIVE  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILIPPE AUGÉ

CFO

04/23/2009

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

\_\_\_\_\_ Date