2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State
07-02-2004 90001 039 ***150.00

DOCUMENT # P95000001432

1. Entity Name
STU'S STUFF, INC.

54059553

Principal Place of Business	Mailing Address
~~211 SOUTH DALE MABRY HWY~~ ~~TAMPA, FL 33609 US~~ 6360 So. Lima Ave. Homosassa, FL 34446	~~211 S DALE MURPHY HWY~~ ~~TAMPA, FL 33634~~ 6360 So. Lima Ave. Homosassa, FL 34446

05102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3291781
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~JONES, STEPHEN W~~ Ronald W. Studen
~~C/O WALKER & ASSOC CPA PA~~
~~211 SOUTH DALE MABRY HIGHWAY~~
~~TAMPA, FL 33609~~
6360 So. Lima Avenue
Homosassa, FL 34446

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 Ronald W. Studen Ronald W. Studen 6/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	STUDEN, RONALD W
STREET ADDRESS	6360 S LIMA AVENUE
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

(redone) - Per Ltr.

SIGNATURE: Ronald W. Studen Pres. 6/24/04 813-875-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Ronald W. Studen

Attachment 540595553

COPY

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 10, 2004

STU'S STUFF, INC.
6360 SO. LIMA AVENUE
HOMASASSA, FL 34446

SUBJECT: STU'S STUFF, INC.
Ref. Number: P95000001432

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 304A00032143

COPY