

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 02, 2008 8:00 am
Secretary of State**

05-02-2008 90149 035 ***150.00

DOCUMENT # P95000011041

1. Entity Name
STAMPFEST, INC.



Principal Place of Business
301 E. LEMON ST., STE A & B
TARPOON SPRINGS, FL 34689

Mailing Address

1438 FLATWOOD CT
TRINITY, FL 34655

2. Principal Place of Business - No P.O. Box #
1438 FLATWOOD CT.

3. Mailing Address

P.O. BOX 1909

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TRINITY FL

City & State
TARPOON SPRINGS FL

Zip

34655

Country
USA

Zip

34688

Country

USA

6. Name and Address of Current Registered Agent

DRABIK, DEBBY J
1438 FLATWOOD CT
NEW PORT RICHEY, FL 34655

4. FEI Number
59-3294718

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution:

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DRABIK, DEBBY J. 1438 FLATWOOD CT. TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SWOAGER, RICHARD 1438 FLATWOOD CT. TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08 727-376-0269
Date Daytime Phone #