

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90032 036 ***158.75

DOCUMENT # P95000028776

1. Entity Name
STUTTGART GROUP, INC.



Principal Place of Business
**822 SW SANTA BARBARA PLACE
CAPE CORAL, FL 33991**

Mailing Address
**822 SW SANTA BARBARA PLACE
CAPE CORAL, FL 33991**

54006464

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01222004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0656795

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WRIGHT, CHRISTINE
1105 CAPE CORAL PKWY
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent
Name
SHAW, CLAUDIA
Street Address (P.O. Box Number is Not Acceptable)
825 SE 47TH TERRACE
City
CAPE CORAL FL 33904

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 *Claudia Shaw* **CLAUDIA SHAW** **1-22-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DPST GRITZMACHER, H. MAURICE 822 SW SANTA BARBARA PLACE CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRITZMACHER, H. MAURICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 822 SW SANTA BARBARA PLACE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV.ST GRITZMACHER, KARIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 822 SW SANTA BARBARA PLACE CAPE CORAL, FL 33991
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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: *H. Maurice Gritzmacher* **H. MAURICE GRITZMACHER** **1/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #