


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90082 015 ***150.00

DOCUMENT # P95000046361 1. Entity Name STEFANELLI MANAGEMENT CONSULTING, INC.																													
Principal Place of Business 9572 SW 69TH AVE. HAMPTON, FL 32044 US			Mailing Address 9572 SW 69TH AVE. HAMPTON, FL 32044 US																										
2. Principal Place of Business BRADFORD GUN & PAWN 1401 N. TEMPLE AVE. STARKE, FL 32091		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		03032005 Chg-P CR2E034 (10/03)																									
4. FEI Number 59-3334968		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GORDON, SUZANNE 17376 NW STATE RD. 16 STARKE, FL 32091 CPA			7. Name and Address of New Registered Agent REDDISH & WHITE 134 E. CALL ST. PO BOX 307 STARKE FL 32091																										
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: <i>Mike Stefanelli</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE: 3/17/05																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">V</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEFANELLI, ALBERT H SR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9572 SW 69TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HAMPTON, FL 32044</td> <td></td> </tr> </table>			TITLE	V	<input type="checkbox"/> Delete	NAME	STEFANELLI, ALBERT H SR		STREET ADDRESS	9572 SW 69TH AVE		CITY-ST-ZIP	HAMPTON, FL 32044		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">STEFANELLI ALBERT</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PO BOX 277</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>GRAHAM FL 32042-0277</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	STEFANELLI ALBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PO BOX 277		STREET ADDRESS	GRAHAM FL 32042-0277		CITY-ST-ZIP		
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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: <i>Mike Stefanelli</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/17/05 Daytime Phone #: 9049645440																										