

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007490

Entity Name: VON STILLI CORORATION

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

4518 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

2090 2ND STREET
ENGLEWOOD, FL 34223

Current Mailing Address:

4518 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948

New Mailing Address:

2090 2ND STREET
ENGLEWOOD, FL 34223

FEI Number: 65-0748039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILLI, CAROL D
4518 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

STILLI, CAROL D
2090 2ND STREET
ENGLEWOOD, FL 34223 US

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:

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: STILLI, CAROL D
Address: 4518 WYNKOOP CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VS () Delete
Name: STILLI, DAVID L
Address: 4518 WYNKOOP CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: STILLI, CAROL D
Address: 2090 2ND STREET
City-St-Zip: ENGLEWOOD, FL 34223

Title: VS (X) Change () Addition
Name: STILLI, DAVID L
Address: 2090 2ND STREET
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID L. STILLI

VS

01/05/2004

Electronic Signature of Signing Officer or Director

Date