

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000082021

1. Entity Name
STAMM ENTERPRISES, INC.



Principal Place of Business
460 NW 38TH TERRACE
DEERFIELD BEACH, FL 33442 US

Mailing Address
460 NW 38TH TERRACE
DEERFIELD BEACH, FL 33442 US



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0712440

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STAMM, KATHRYN L
460 N.W. 38 TERRACE
DEERFIELD BEACH, FL 33442

**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 _____

Signature, in

Handwritten 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

U000000934873
05/23/08-80049-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME STAMM, KATHRYN L
STREET ADDRESS 460 NW 38TH TERRACE
CITY- ST- ZIP DEERFIELD BEACH, FL 33442

TITLE VS
NAME STAMM, ANTHONY P
STREET ADDRESS 460 NW 38TH TERRACE
CITY- ST- ZIP DEERFIELD BEACH, FL 33442

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CITY- ST- ZIP

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IN THIS SPACE**

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: KATHRYN L. STAMM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

954-480-6750

Daytime Phone #