


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT -**

**FILED**

**Feb 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P96000096010</b> 1. Entity Name <b>STINGERS OF SOUTHWEST FLORIDA, INC.</b>		
Principal Place of Business <b>4116 BEE RIDGE ROAD SARASOTA, FL 34233 US</b>	Mailing Address <b>4116 BEE RIDGE RD SARASOTA, FL 34233 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>VOIGT, STEPHEN F 4116 BEE RIDGE RD SARASOTA, FL 34233</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		1000000225135 02/11/05-80028-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORMLEY, CHARLES 5250 BOX TURTLE CIRCLE SARASOTA, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GORMLEY, SUSAN 5250 BOX TURTLE CIRCLE SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GORMLEY, SUSAN 5250 BOX TURTLE CIRCLE SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Susan Gormley</u> <u>Susan Gormley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/8/05</u> <u>941-371-7829</u> <small>Date Daytime Phone #</small>