


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000096010</b> 1. Entity Name STINGERS OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 4116 BEE RIDGE ROAD SARASOTA, FL 34233 US	Mailing Address 4116 BEE RIDGE RD SARASOTA, FL 34233 US
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**DO NOT WRITE IN THIS SPACE**



01292008 · No Chg-P CR2E034 (11/05)

4. FEI Number 65-0711017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F  
4116 BEE RIDGE RD  
SARASOTA, FL 34233

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GORMLEY, CHARLES 5250 BOX TURTLE CIRCLE SARASOTA, FL
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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

4400000891376  
04/23/08-90022-020-150.00

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, without other like empowered.

**SIGNATURE:** Susan Gormley 4/1/08 941-371-7829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #