

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000010711

1. Entity Name
STENA TECHNOLOGIES, INC.



Principal Place of Business
**4099 TAMiami TRAIL NORTH
STE 400
NAPLES, FL 34103**

Mailing Address
**3033 RIVIERA DRIVE
STE 201
NAPLES, FL 34103**



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0726115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STARMAN, SHELDON W
4099 TAMiami TRAIL NORTH
STE 400
NAPLES, FL 34103**

**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, typed or printed 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000060426
02/23/04-80039-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
STARMAN, SHELDON W
4099 TAMiami TRAIL NORTH
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
BUDD, DAVID G
3033 RIVIERA DR, STE 201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: David G. Budd David G. Budd, Vice President 2/19/04 (239) 263-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #