

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000040296



1. Entity Name  
**STADICO, INC.**

Principal Place of Business  
**4813 N MANHATTAN  
 TAMPA FL 33624**

Mailing Address  
**1571 SUWANEE CT  
 SARASOTA FL 34232**



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc

Suite, Apt #, etc.

4. FEI Number  
**59-3449296**

Applied For  
 Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, STEVEN D  
 15152 SPRINGVIEW STREET  
 TAMPA FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PVST  Delete  
 NAME: COHEN, DIANA E  
 STREET ADDRESS: 1571 SUWANEE CT  
 CITY- ST- ZIP: SARASOTA FL 34232

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Delete  
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 CITY- ST- ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP: UN00000374514  
 07/26/05-80003-011 550.00

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

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TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Change  Addition  
 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: *Diana Cohen Pres* **E. Diana Cohen** 7/20/05 941.378.3278  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #