


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90059 028 ***150.00

DOCUMENT # P97000106590 1. Entity Name STEN-BARR MEDICAL EQUIPMENT, INC.					
Principal Place of Business 14350 CARLSON CIR TAMPA, FL 33626			Mailing Address 14350 CARLSON CIR TAMPA, FL 33626		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STENBERG, ANDREW T 4505 ROANOAK WAY PALM HARBOR, FL 34685				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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STENBERG, ANDREW		NAME	Stenberg, Andrew	
STREET ADDRESS	4505 ROANOAK WAY		STREET ADDRESS	3748 Presidential Drive	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	VTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARR, JOHN W		NAME		
STREET ADDRESS	17816 WILLOW LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOINER, JOHN A		NAME		
STREET ADDRESS	395 NEWPORT DR		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: _____			Date: 3/24/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 800-386-5554		

24033023



03172004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3482026** Applied For ☐ Not Applicable ☐

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