
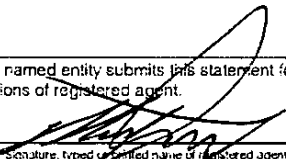
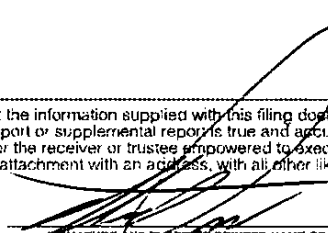


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90004 021 ***150.00

DOCUMENT # P98000091597 1. Entity Name MATTHEW STAMER, PROFESSIONAL ASSOCIATION					
Principal Place of Business 3749 ALDERGATE PLACE CASSELBERRY, FL 32707			Mailing Address 3749 ALDERGATE PLACE CASSELBERRY, FL 32707		
2. Principal Place of Business 631 N. WYMORE RD.		3. Mailing Address 631 N. WYMORE RD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MAITLAND FL		City & State MAITLAND FL		4. FEI Number 28-3515306	
Zip 32751		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent STAMER, MATTHEW 3749 ALDERGATE PLACE CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 631 N. WYMORE RD. City MAITLAND		
FL			Zip Code 32751		
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 resigning)					
DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D			TITLE D		
NAME STAMER, MATTHEW			NAME 		
STREET ADDRESS 3749 ALDERGATE PLACE			STREET ADDRESS 631 N. WYMORE RD.		
CITY- ST- ZIP CASSELBERRY, FL 32707			CITY- ST- ZIP MAITLAND FL 32751		
Delete <input checked="" type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE 			TITLE 		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 reports 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7/28/05 Daytime Phone # 407 535 3748					

50060177



07282005 Chg-P CR2E034 (10/03)