

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90005 008 ***150.00

DOCUMENT # P98000093086

1. Entity Name
STANCO ENTERPRISES, INC.



Principal Place of Business
**3648 FORREST BLVD
JACKSONVILLE, FL 32246**

Mailing Address
**P.O. BOX 5726
JACKSONVILLE, FL 32247**

44022494



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3541037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STANFIELD, LARRY E
5563 MANFIELDS PLACE
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name **Larry E. Stanfield**
Street Address (P.O. Box Number is Not Acceptable)
New Mailing address
3648 Forest Blvd
City **Jacksonville** FL Zip Code **32246**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STANFIELD, LARRY E**
STREET ADDRESS **3648 FOREST BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/04 904-5450462