## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000018831

Entity Name: STIEBER & CO., INC

Address: City-St-Zip: FILED Apr 05, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7724 NORTHAVEN PL NEW PORT RICHEY, FL 34655 **Current Mailing Address: New Mailing Address:** 7724 NORTHAVEN PL NEW PORT RICHEY, FL 34655 FEI Number: 59-3563803 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STIEBER, RONNIE 7724 NORTHAVEN PL NEW PORT RICHEY, FL 34655 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition STIEBER, RONNIE M Name: Name: 7724 NORTHHAVEN PLACE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: Title: Title: () Delete () Change () Addition Name: STIEBER, MELISSA Name: 7851 BARCLAY Address: Address: NEW PORT RICHEY, FL 34654 City-St-Zip: City-St-Zip: Title: TS ( ) Delete Title: () Change () Addition STIEBER, CYNTHIA Name: Name: 7724 NORTHHAVEN PLACE Address: Address: NEW PORT RICHEY, FL 34655 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition STIEBER, KRISTEN Name: Name: Address: 7724 NORTHHAVEN PLACE Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition CAMERON, THOMAS E Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

7851 BARCLAY

NEW PORT RICHEY, FL 34654

SIGNATURE: RONNIE M. STIEBER P 04/05/2004