
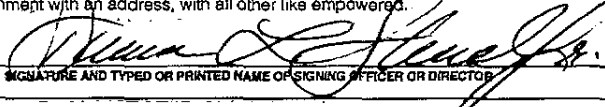


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000Q79245 1. Entity Name STEMLE EXECUTIVE BENEFITS, INC.		
Principal Place of Business 8695 COLLEGE PKWY. SUITE 230 FORT MYERS, FL 33919	Mailing Address 8695 COLLEGE PKWY. SUITE 230 FORT MYERS, FL 33919	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KING, CRAIG D 10630 MCGREGOR BLVD. FORT MYERS, FL 33919		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEMLE JR, DUANE L 13262 WHITEHAVEN LANE, #606 FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 4/30/04 239 561-2263 <small>Date Daytime Phone #</small>		



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0948101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000153497
05/04/04-80131-012 150.00

**DO NOT WRITE
IN THIS SPACE**