

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90014 005 \*\*\*150.00

**DOCUMENT # P99000108719**

1. Entity Name

BEVERLY R. STOLKI, INC.



Principal Place of Business

5245 RAMSEY-WAY  
STE #5  
FORT MYERS FL 33907

Mailing Address

5245 RAMSEY-WAY  
STE #5  
FORT MYERS FL 33907

04010430



MOORE

CR2E034 (11/03)

2. Principal Place of Business

6986 Kimberly Terrace

3. Mailing Address

6986 Kimberly Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Myers FL

City & State

Fort Myers FL

Zip

33919

Country

US

Zip

33919

Country

US

4. FEI Number

65-0969562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STOLKI, BEVERLY R  
5245 RAMSEY-WAY  
STE #5  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name BEVERLY R. STOLKI  
Street Address (P.O. Box Number is Not Acceptable)  
6986 KIMBERLY TERRACE  
City FT MYERS FL Zip Code 33907

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

Beverly R. Stolk

Beverly R. Stolk, Pres.

3-10-04

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME STOLKI, BEVERLY R  
STREET ADDRESS 6986 KIMBERLY TERRACE  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE TS  
NAME STOLKI, KENNETH A  
STREET ADDRESS 6986 KIMBERLY TERRACE  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Beverly R. Stolk

Beverly R. Stolk, Pres.

3-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #