

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31896

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: STAMCO ENTERPRISES, INC.

**Current Principal Place of Business:**

2550 OKEECHOBEE BLVD.  
SUITE #E  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

121 VENETIAN LANE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 65-0240852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MUSCAT, KATHRYN  
121 VENETIAN LANE  
ROYAL PALM BEACH, FL 33411      US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: MUSCAT, MICHAEL J  
Address: 121 VENETIAN LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TREA ( ) Delete  
Name: MUSCAT, KATHRYN  
Address: 121 VENETIAN LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SECT ( ) Delete  
Name: PIPER, JUNE  
Address: 111 WATERWAY RD.  
City-St-Zip: ROYAL PALM BEACH, FL 33611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: KATHRYN MUSCAT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

04/18/2008

\_\_\_\_\_ Date