2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S74270

1. Entity Name STMS, INC.

FILED Jan 10, 2005 8:00 am Secretary of State 01-10-2005 90017 003 ***150.00

				
Principal Place of Business Mailin		Mailing Address		
250 N BELCHER 2		250 N BELCHER		50001048
		#100		00002010
CLEARWATER	, FL 33765	CLEARWATER, FL 3376	65	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005 Chg-P CR2E034 (10/03)
0.000		Cit. 8 20-1-		a FEIAL - L
City & State		City & State		4. FEI Number Applied For 59-3082650 Not Applied be
Zip	Country	Zip	Country	
Zip	Country	j. ^{2,p}	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
	or Hally pilo Addison of Garrent	iogiosoros Ageir	Name	11 Harris and Addition of Hose Hollands of Nigeric
ENGLANDER, LEONARD S.				
6666 - 22ND AVENU NORTH		•	Street Add	fress (P.O. Box Number is Not Acceptable)
5959 CEN	TRAL AVENUE, SUITE 201			
ST. PETERSBURG, FL 33710				
[City	Zip Code
		····		<u></u>
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 registaned agent and title if applicable. (NOTE: Registaned Agent signature required when reinstating) DATE				
	E NOW!!! FEE IS \$150.00	9. Election Campa	• • –	\$5.00 May Be
After Ma	ay 1, 2005 Fee will be \$550.0	Trust Fund Cont	ribution.	Added to Fees
10. OFFICERS AND DIREC		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP	☐ Detete	TITLE	DP Change Addition
NAME	STROSS, JOHN E	23 0000	NAME	Stross John E Addres
STREET ADDRESS	7864 THIRD AVE SOUTH		STREET ADDRESS	3010 82nd Way N
CITY-ST-ZIP	SAINT PETERSBURG, FL 3370	7	CITY-ST-ZIP	St Petersburg, FL 33710
TITLE	DST	☐ Delete	TITLE	Change Addition
NAME	MARSTON, R. MICHAL	C.) Delete	NAME	C orange Distribution
STREET ADDRESS	250 N BELCHER #100		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	
TITLE	DVP	Delete	TITLE	Change . Addition
NAME .	SPENCE; ROBERT	- Dalate	NAME	i_t sharks Notites
STREET ADDRESS	250 N BELCHER #100		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	
	GED WITH LINE OF TO			☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
<u> </u>	 			[7.6 [7.11]
TITLE		☐ Delete	TITLE	{☐ Change ☐ Addition
NAME ethics and his			NAME SYDEET ADODESES	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	
U111-51-22			CIIT-SI*AF	

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition