2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2004 8:00 am Secretary of State

DOCUMENT # \$82328				02-04-2004 90053 010 ***150.00				
1. Entity Name			16		02-04-2004 90032	010 130.0	U	
STANISH	, INC.							
				ON WE TO				
Principal Place of Business Mailing Address				Adulana				
2207 587TH BRADENTO		2207 587TH AVE. E. BRADENTON FL 34203	3					
					1 Tabifala (81 latia (1886 1999 1999	1 1611 81811 91911 91911 91911	M1811 #191191	n (1 (111)
Principal Place of Business 3. Mailing Address								
2207 58th ave. E SAME					((! 1611 61 5 11 616 11 616 11 61611	6454 6454401	EL EL LANGE
Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE CR2E034 (11/03)			
City & Stat	ENTON FL	City & State		4. FEI Number 65-028970	1		ied For Applicable	
Zip Country 34203 MANATEE		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F			7. Name and Address of New F	legistered Agent			
CTANICLI MILLIANA A ID				Name				
STANISH, WILLIAM A., JR. 6207 28 ST E				Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34203			-	•		- 		
				City		FL Zig	o Code	
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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00								
the state of the state of the state of	r May 1, 2004 Fee will be \$550.00			9. Election Campaign Fil Trust Fund Contribution	· —	\$5.00 Added to		
Make Chec	k Payable to Florida Department of	\$1.50 \$100°			Hust Fund Continuation	ж. 🗀	Added (c	rees
10.			11.		ADDITIONS/CHANGES TO OFF			
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STREET ADDRESS	6207 28 ST E		STREET ADDRESS]
CITY-ST-ZIP	BRADENTON FL CIT		CITY-S1	T-ZIP				
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NAME STREET ADDRESS	STANISH, WILLIAM A., ŞR. 2007 YALE AVE		NAME STREET	ADDRESS				1
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CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-S	1-ZIP	- 			
TITLE	-		TITLE		· -	□ Ci	nange	Addition
NAME STREET ADDRESS	ss		NAME	ME LEET ADDRESS			}	
CITY-ST-ZIP	L		CITY-ST					
12. I hereby	certify that the information supplied with	this filing does not qualify for	r the exemp	ption stated in Se	ction 119.07(3)(i), Florida Statutes.	I further certify that	it the info	ormation
or the cor	on this report or supplemental report is reportation or the receiver or trustee emportation or the receiver or trustee emport or on an attachment with an address, we have the content of	wered to execute this report	as require	re snail nave the s d by Chapter 607	same legal effect as if made under , Florida Statutes; and that my nam	oath; that I am an le appears in Biocl	officer or k 10 or B	r director Block 11 if