


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F02000006021**

1. Entity Name  
**STEVEN L. HAGOOD CONTRACTOR, INC.**



Principal Place of Business  
**3639 COQUINA KEY DR., SE  
 ST PETERSBURG, FL 33705**

Mailing Address  
**31 WILLIAMSON PARK DRIVE  
 NEWPORT NEWS, VA 23608**

**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**54-1205590**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAGOOD, STEVEN  
 3639 COQUINA KEY DR., SE  
 ST PETERSBURG, FL 33705**

**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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	HAGOOD, STEVE
STREET ADDRESS	3639 COQUINA KEY DR SE
CITY-ST-ZIP	ST PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/09/07-80016-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Steven L. Hagood, Pres. 2/24/07 (727) 741-8302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #