## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000012914

Entity Name: STEVENSON MASTER SERVICES, INC.

FILED Jan 27, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

5082 MARK DRIVE 5082 MARK DRIVE

BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472

Current Mailing Address: New Mailing Address:

5082 MARK DRIVE 5082 MARK DRIVE

BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33472

FEI Number: 16-1655200 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

STEVENSON, JOHN M
5082 MARK DRIVE
5082 MARK DRIVE

BOYNTON BEACH, FL 33437 US BOYNTON BEACH, FL 33472 US

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: 01/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 STEVENSON, JOHN M
 Name:
 STEVENSON, JOHN M

 Address:
 5082 MARK DRIVE
 Address:
 5082 MARK DRIVE

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:
 BOYNTON BEACH, FL 33472

Title: VTD ( ) Delete Title: VTD (X) Change ( ) Addition

 Name:
 STEVENSON, FAYE L
 Name:
 STEVENSON, FAYE L

 Address:
 5082 MARK DRIVE
 Address:
 5082 MARK DRIVE

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:
 BOYNTON BEACH, FL 33472

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: JOHN M STEVENSON PD 01/27/2009