

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000046323

1. Entity Name

STEPHENS BEACH SERVICE, INC.



Principal Place of Business
17644 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

Mailing Address
17644 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3518021** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHENS, LARRY W
17644 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

**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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEPHENS, LARRY W
STREET ADDRESS	17644 FRONT BEACH ROAD
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D
NAME	STEPHENS, BRADLEY
STREET ADDRESS	17644 FRONT BEACH RD
CITY - ST - ZIP	PANAMA CITY, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000168621
07/28/04-80003-016 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brad Stephens **Brad Stephens** Pres. 7-26-04 850-235-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #