
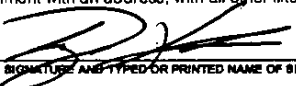


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90078 014 \*\*\*150.00

<b>DOCUMENT # 169211</b> 1. Entity Name <b>THE STEPHAN CO.</b>					
Principal Place of Business <b>1850 W MC NAB ROAD FT LAUDERDALE, FL 33309</b>			Mailing Address <b>1850 W MC NAB ROAD FT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0676812</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KIESTER, TYLER ASST.</b> <b>1850 W MCNAB ROAD</b> <b>FT LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARD BARONE</b> <b>1850 W MCNAB RD</b> <b>FT. LAUDERDALE FL 33309</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP</b> <b>CARLSON, CURTIS</b> <b>1850 W MCNAB ROAD</b> <b>FT LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAM GROSS</b> <b>1850 W MCNAB RD.</b> <b>FT. LAUDERDALE FL 33309</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOV</b> <b>SPIEGEL, DAVID</b> <b>1850 WEST MCNAB RD.</b> <b>FT. LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTCFD</b> <b>DAVID SPIEGEL</b> <b>1850 W MCNAB RD</b> <b>FT LAUDERDALE, FL 33309</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FEROLA, FRANK F</b> <b>1850 W MCNAB RD</b> <b>FT LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAHEEN, SHOUKY</b> <b>1850 W MCNAB RD</b> <b>FORT LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSS, ELLIOT</b> <b>1850 W. MCNAB RD.</b> <b>FT. LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b>  <b>Tyler Kiest</b> <b>3/19/07</b> <b>954.971.0600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40075613



03102007 Chg-P CR2E034 (12/06)

FL

Zip Code