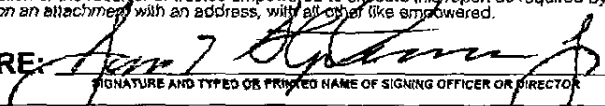


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 198466		
1. Entity Name STEPHENSON MANOR HOMES INC		
Principal Place of Business JAMES F STEPHENSON JR. 4317 PINFISH LANE PALMETTO, FL 34221		Mailing Address JAMES F STEPHENSON JR. 4317 PINFISH LANE PALMETTO, FL 34221
DO NOT WRITE IN THIS SPACE		
		 03152006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-0822754
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STEPHENSON, JAMES F., JR. 4317 PINFISH LANE PALMETTO, FL 34221		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000496533 04/22/06-80015-022 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEPHENSON, JAMES F., JR. 4317 PINFISH LANE PALMETTO, FL 34221	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD JOYNER, CAROL S. 6501-25TH WAY S.,STE.A ST PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PESSINA, LISA S. 6501-25TH WAY S.,STE.A ST PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/4/06 Date Daytime Phone # _____