

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 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**



02192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-0822754**

Applied For

Not Applicable

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, 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	PD
NAME	STEPHENSON, JAMES F., JR
STREET ADDRESS	4317 PINFISH LANE
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	VTD
NAME	JOYNER, CAROL S.
STREET ADDRESS	6501-25TH WAY S.,STE.A
CITY - ST - ZIP	ST PETERSBURG, FL 33712
TITLE	SD
NAME	PESSINA, LISA S.
STREET ADDRESS	6501-25TH WAY S.,STE.A
CITY - ST - ZIP	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	

U00000711741  
04/26/07-80016-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/13/07

Date

Daytime Phone #