

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 352014**

1. Entity Name  
MARY A. STEVENS CORPORATION



Principal Place of Business  
2275 CANOE CREEK RD.  
ST CLOUD, FL 34769-5045

Mailing Address  
2275 CANOE CREEK RD.  
ST CLOUD, FL 34769-5045



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1592505

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GERTRUDE STEVENS  
2275 CANOE CREEK RD.  
ST CLOUD, FL 32769

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STEVENS, GERTRUDE  
STREET ADDRESS  
2275 CANOE CREEK RD.  
CITY-ST-ZIP  
ST CLOUD, FL

TITLE  
NAME  
P  
STEVENS, WILLIAM A  
STREET ADDRESS  
4109 STEVENS RD.  
CITY-ST-ZIP  
ST. CLOUD, FL

TITLE  
NAME  
V  
STEVENS, WESLEY D  
STREET ADDRESS  
30830 CHEROKEE AVE.  
CITY-ST-ZIP  
LEESBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000010345  
01/22/04-80028-002 150.00

**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)(i), 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:** Gertrude Stevens Sec of Corp  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 4078922872

Date

Daytime Phone #