2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY - ST- 7IP

FILED Jan 12, 2007 08:00 AM **DOCUMENT #380694** 1. Entity Name **Secretary of State** STEDMAN CONSTRUCTION CORP. Principal Place of Business Mailing Address 16218 NE 124 AVD **P.O. DRAWER 760** WALDO, FL 32694 US WALDO, FL 32694 US 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1687926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEDMAN JR., C.E. DO NOT WRITE 16218 NE 124 AVE WALDO, FL 32694 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 and e if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PELTZ, FERDE MAME 344 NE 167 ST STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH, FL TITLE U00000584439 STEDMAN, C.E.S. JR NAME 01/12/07-80037-007 150.00 STREET ADDRESS 16218 NE 124 AVE CITY-ST-ZIP WALDO, FL 32694 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP TELE NAME STREET ADDRESS

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 SIGNATOR OFFICER OR DIRECTOR

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