

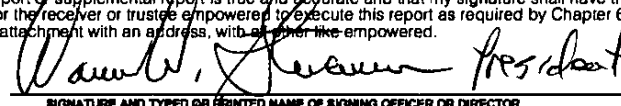


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 499184</b>			
1. Entity Name STEVENSON CONSTRUCTION CO., INC.			
Principal Place of Business 6449 SW 150TH ST. STARKE, FL 32091	Mailing Address PO BOX 1178 STARKE, FL 32091		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01092007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1655488	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  STEVENSON, WW 6449 SW 150TH STREET STARKE, FL 32091		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<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</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<p>000000588246 01/17/07-80064-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENSON, W.W. 6449 SW 150TH STREET STARKE, FL 32091		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEVENSON, C.M. 6449 SW 150TH STREET STARKE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVENSON, A.D. 6002 SW, 150TH ST. STARKE, FL 32091		
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 another like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Warren W. Stevenson		Date 1/9/07	Daytime Phone # 904/545-6096