

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90021 014 ***150.00

DOCUMENT # 573981

1. Entity Name
STEVENSON DEVELOPMENT CORPORATION



Principal Place of Business

~~1874 NW COUNTY RD 661~~
~~ARCADIA, FL 34266 US~~

Mailing Address

~~1874 NW COUNTY RD 661~~
~~ARCADIA, FL 34266 US~~

50015431



2. Principal Place of Business

4433 Chase Oaks Dr
Suite, Apt. #, etc.

3. Mailing Address

4433 Chase Oaks Dr
Suite, Apt. #, etc.

02042005 Chg-P CR2E034 (10/03)

City & State

Sarasota, Fl.

City & State

Sarasota Fl.

4. FEI Number

59-1933973

Applied For

Not Applicable

Zip

34241

Country

Sarasota

Zip

34241

Country

Sarasota

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENSON, CHRISTOPHER C
~~1874 NW CO RD, 661~~
~~ARCADIA, FL 34266~~

7. Name and Address of New Registered Agent

Name - **Stevenson, Christopher C**
Street Address (P.O. Box Number is Not Acceptable)

4433 Chase Oaks Dr

City

Sarasota

FL

Zip Code

34241

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, 2005 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
STREET ADDRESS
CITY-ST-ZIP
PSTD
STEVENSON, CHRISTOPHER C ☐ Delete
1874 NW CR 661 **4433 Chase Oaks Dr**
ARCADIA, FL 34266 **Sarasota, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/05