

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 665628

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: STEAM-PATH SERVICE, INC.

## Current Principal Place of Business:

4000 AMELIA ISLAND PARKWAY  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 16527  
FERNANDINA BEACH, FL 320353126 US

## New Mailing Address:

FEI Number: 04-2565444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKEL, EDWARD C  
ONE INDEPENDENT DR  
STE 2301  
JACKSONVILLE, FL 322025059 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: QUINN, FRANCIS  
Address: 4440 S. FLETCHER  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VTD ( ) Delete  
Name: QUINN, SHIRLEY C  
Address: 4440 S. FLETCHER  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD ( ) Delete  
Name: ROSZELL, NANCY R  
Address: 2159 W SR 200  
City-St-Zip: CALLAHAN, FL 32011

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ROSZELL, NANCY R  
Address: 451563 SR 200  
City-St-Zip: CALLAHAN, FL 32011

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY R. ROSZELL

S D

04/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date