

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 682592

1. Entity Name
STEVEN ADAMS & ASSOCIATES, INC.



FILED
Jul 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
6406 N UNIVERSITY
TAMARAC, FL 33321

Mailing Address
6406 N UNIVERSITY
TAMARAC, FL 33321



07222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2034486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MERVIS, LAURENCE R.
6406 N. UNIVERSITY DR
FORT LAUDERDALE, FL 33321

**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

U00000956327
07/25/08-80003-016 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MERVIS, LAURENCE R.
STREET ADDRESS 6406 N. UNIVERSITY
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD
NAME SHARTLE, JILL W.
STREET ADDRESS 6406 N. UNIVERSITY
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SD
NAME MERVIS, LOIS R.
STREET ADDRESS 6406 N. UNIVERSITY
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Lois R. Mervis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-08 (954) 721-3337
Date Daytime Phone #