


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90049 029 ***150.00

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|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # G14815 1. Entity Name STEVES INVESTMENT COMPANY |  |
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|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 385 N POINT RD #401 OSPREY, FL 34229-6813 | Mailing Address 385 N POINT RD #401 OSPREY, FL 34229-6813 |
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| 2. Principal Place of Business 4849 Kestral Park Way N. Suite, Apt. #, etc. | 3. Mailing Address 4849 Kestral Park Way N. Suite, Apt. #, etc. |
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03062006 Chg-P CR2E034 (11/05)

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|-------------------------------------|-------------------------------------|------------------------------------|--------------------------------------------------------|
| City & State Sarasota, FL | City & State Sarasota, FL | 4. FEI Number 59-2257786 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34231 | Country US | Zip 34231 | Country US |

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

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|------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent STEVES, DAVID A 385 N POINT RD #401 SARASOTA, FL 34231 | | 7. Name and Address of New Registered Agent Name David A. Steves Street Address (P.O. Box Number is Not Acceptable) 4849 Kestral Park Way North City Sarasota FL Zip Code 34231 | |
|------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEVES, DAVID 385 N POINT RD #401 OSPREY, FL 342296813 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 4849 Kestral Park Way N. Sarasota, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 and name like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Steves, Director 3/10/06 941-365-3040

Date

Daytime Phone #