

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90042 034 \*\*\*150.00

**DOCUMENT # G76193**

1. Entity Name

KENNETH S. STEPP, P.A., P.S.C.



Principal Place of Business

305 N APOPKA AVE  
INVERNESS FL 34450  
US

Mailing Address

STEPP, KENNETH, S., P.A.  
305 N APOPKA AVE  
INVERNESS FL 34450  
US

2. Principal Place of Business

104 Tinsley Street  
Suite, Apt. #, etc.

3. Mailing Address

104 Tinsley Street  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State  
Barbourville, Kentucky

City & State  
Barbourville, Kentucky

4. FEI Number  
59-2361458

Applied For  
Not Applicable

Zip  
40906

Country  
U.S.A.

Zip  
40906

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

STEPP, KENNETH S.  
305 N APOPKA AVE  
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name  
WILBURNE, JOANNE  
Street Address (P.O. Box Number is Not Acceptable)  
305 North Apopka Ave.  
City  
Inverness FL Zip Code  
34450

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

*Joanne Wilburne*  
JOANNE WILBURNE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/2004

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 STEPP, KENNETH 100 N. EDINBURGH DR. INVERNESS FL 34450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STEPP, KENNETH S. 104 Tinsley Street Barbourville, Kentucky 40906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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:

*Kenneth S. Stepp* 3/13/04 (606) 545-7955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KENNETH S. STEPP Date Daytime Phone #