


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-16-2004 90070 016 \*\*\*150.00

<b>DOCUMENT # H66777</b> 1. Entity Name <b>STEFFENS ENTERPRISES, INC.</b>					
Principal Place of Business <b>7917 BREEZY POINT RD., W. MELROSE FL 32666</b>				Mailing Address <b>7917 BREEZY POINT RD., W. MELROSE FL 32666</b>	
2. Principal Place of Business <b>152 ASHLEY LAKE DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>152 Ashley Lake Drive</b> Suite, Apt. #, etc.			
City & State <b>MELROSE, FL</b>		City & State <b>MELROSE, FL</b>		4. FEI Number <b>59-2578512</b>	
Zip <b>32666</b> Country <b>USA</b>		Zip <b>32666</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEFFENS, LOUIS SCOTT 7917 BREEZY POINT ROAD, WEST MELROSE FL 32666</b>				7. Name and Address of New Registered Agent Name <b>STEFFENS, LOUIS SCOTT</b> Street Address (P.O. Box Number is Not Acceptable) <b>152 ASHLEY LAKE DRIVE</b> City <b>MELROSE</b> <b>FL</b> Zip Code <b>32666</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEFFENS, LOUIS SCOTT 7917 BREEZY POINT RD., W. MELROSE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	152 ASHLEY LAKE DRIVE MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEFFENS, LESSIE EARLINE 7917 BREEZY POINT RD., W. MELROSE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	152 ASHLEY LAKE DRIVE MELROSE, FL 32666
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	
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	
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: <u>Earline Steffens</u> <b>Earline Steffens</b> <u>4/15/04</u> <u>352/425-1240</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					