2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2004 48:00 AM Secretary of State **DOCUMENT # H92246** 1. Entity Name STEV-MAR, INC. Principal Place of Business Mailing Address % STEVE MURPHY % STEVE MURPHY 5191 OVERSEAS HWY. 5191 OVERSEAS HWY. MARATHON, FL 33050 MARATHON, FL 33050 US 03292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2637179 Not Applicable \$8.75 Additional 5. Certificate of Status Desired _ _ _ _ 6. Name and Address of Current Registered Agent GOLD, ALAN DO NOT WRITE PENTHOUSE B 7000 SW 62ND AVE IN THIS SPACE S MIAMI, FL 33143 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 appticable. (NOTE: Registered Agent signature required when reinstating) U00000104871 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 04/06/04-80028-025 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 60 TITLE NAME MURPHY, STEVE STREET ADDRESS 5191 OVERSEAS HWY. MARATHON, FL CITY ST ZIP VD TITLE LOGAN, MARLENE F. NAME STREET ADDRESS 5191 OVERSEAS HWY. CITY - ST - ZIP MARATHON, FL TITLE NAME STREET ADDRESS DO NOT WRITE CRTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés, 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 cath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

3/3//64/ 305-118-2140

FILED