2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H92246

1. Entity Name STEV-MAR, INC.

FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

% STEVE MURPHY 5191 OVERSEAS HWY. MARATHON, FL 33050 US Mailing Address

% STEVE MURPHY 5191 OVERSEAS HWY. MARATHON, FL 33050

US



01172007 No Chg-P CR2E034 (11/05)

4.	FEI Number		Applied For
	59-2637179	 	Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Rec	Additional uired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GOLD, ALAN PENTHOUSE B 7000 SW 62ND AVE S MIAMI, FL 33143

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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees	U00000684970 04/06/07-80054-003 150.00				
10.	OFFICERS AND DIREC	CTORS	B						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, STEVE 5191 OVERSEAS HWY. MARATHON, FL								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOGAN, MARLENE F. 5191 OVERSEAS HWY. MARATHON, FL								
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO NOT WRITE							
TITLE NAME STREET ADDRESS CTY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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 supplied on this report or supplied on the first product of the control of t									

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 ear address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED HAVE OF BLOOMS CITYCES OR DIRECTOR
STEVE MURPHY, PRES

p8/07 305-743-2740