


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J34929**  
**1. Entity Name**  
**STEVENS & ASSOCIATES, INC.**



<b>Principal Place of Business</b> 8380 GLENFINNAN CIRCLE FORT MYERS, FL 33912	<b>Mailing Address</b> 8380 GLENFINNAN CIRCLE FORT MYERS, FL 33912
--	--

**DO NOT WRITE IN THIS SPACE**



03192006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-2724679	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

STEVENS, DAVID R.  
 8380 GLENFINNAN CIRCLE  
 FORT MYERS, FL 33912

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

1100000476758  
 04/06/06-80025-006 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PSD STEVENS, DAVID R. 8380 GLENFINNAN CIRCLE FORT MYERS, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, JANICE A. 8380 GLENFINNAN CIRCLE FT. MYERS, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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, with all other like empowered.

**SIGNATURE:** David R. Stevens **DAVID R. STEVENS** 3/20/06 (239) 671-9210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #