


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # J41850
1. Entity Name
STEPHEN LLOYD INC.



Principal Place of Business Mailing Address
STEPHEN LLOYD INC **STEPHEN LLOYD INC**
33 SE 5TH STREET, SUITE 100 **33 SE 5TH STREET, SUITE 100**
BOCA RATON FL 33432 US **BOCA RATON FL 33432 US**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
58-1709853 Not Applicable

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

6. Name and Address of Current Registered Agent

LLOYD, STEPHEN
33 SE 5TH STREET
SUITE 100
BOCA RATON, FL 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LLOYD, STEPHEN
STREET ADDRESS	33 SE 5TH STREET, SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80018-004 150.00

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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: Stephen Lloyd **STEPHEN LLOYD** 1-10-07 561-368-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #