## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # K10259 1. Entity Name STEVENS INDUSTRIES, INC. Principal Place of Business Mailing Address % JEREMY P. ROSS 220 SOUTH FRANKLIN ST. TAMPA FL 33602 % JEREMY P. ROSS 220 SOUTH FRANKLIN ST. TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied Fa. 4. FEI Number 59-1862954 Not Applica Zip Country Country ΖID \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSS, JEREMY P. Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN ST. **TAMPA FL 33602** Zip Code City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when revisibling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TITLE Change NAME STEVENS, SARA CHARLES NAME STREET ADDRESS 3609 BERGER RD. STREET ADDRESS U00000488566 04/17/06-80013-001 150.00 CITY-ST-ZIP LUTZ FL CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change □ Altau NANTE MAME STREET ADDRESS STREET ACCURESS. CITY - ST - ZIP CITY - ST - ZIP ☐ Delete nnc Change TACT NAME NAME STREET ADDRESS STRELL ADURESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete me ☐ Chance Addin NAME NAME STREET ADDRESS STREET ADDRESS C117-S1-21P CITY-SJ-ZIP THE ☐ Delete 3371 Change Addition NAME MAME STREET ADDRESS STREET ADDRESS S314-ST-20P CITY - ST- ZIP 7177 F ☐ Defete 31116 ☐ Change ☐ Vav., NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 curporation of 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: Dera Cherly two SARA CHARCES STEWNS 3/30/06