2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# K82400

Entity Name: STE-COM, INC.

Current Principal Place of Business:

1488 SEMINOLA BLVD
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1488 SEMINOLA BLVD
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-2943816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, RONALD W
245 SHADY OAKS CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: STEVENS, RONALD W
Address: 245 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete
Name: JONES, KEITH
Address: 975 SADIE LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: HERRMANN, CARRIE A
Address: 509 KEESAMO WAY
City-St-Zip: LAKE MARY, FL 32771

Title: V ( ) Delete
Name: TERRELL, BRITT
Address: 1319 SASSAFRAS
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: S ( ) Delete
Name: TURNER, AMANDA D
Address: 2240 CROAT ST
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HERRMANN, CARRIE A
Address: 4839 CAINS WREN TRAIL
City-St-Zip: SANFORD, FL 32771

Title: V (X) Change ( ) Addition
Name: TERRELL, BRITT
Address: 1319 SASSAFRAS AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA TURNER S 09/06/2006

Electronic Signature of Signing Officer or Director Date