


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 08:00 AM
Secretary of State

DOCUMENT # K99087	
1. Entity Name STIVENDER ENTERPRISES, INC.	

Principal Place of Business 1407 PARK HOLLAND RD STE 1 LEESBURG, FL 34748 US	Mailing Address P O BOX 490152 LEESBURG, FL 34749-7152 US
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01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2957310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORRISON, FRED A 1000 WEST MAIN STREET LEESBURG, FL 34749

**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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME STIVENDER, JR, JAMES
STREET ADDRESS 14700 S.E 140 AVENUE ROAD	CITY-ST-ZIP WEIRSDALE, FL 32195
TITLE STD	NAME STIVENDER, FRANK
STREET ADDRESS 1407 PARK HOLLAND RD	CITY-ST-ZIP LEESBURG, FL 34748
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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06/14/07-80002-004 550.00

**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:  **6/12/07** **352-516-6857**

SIGNATURE OF OFFICER OR DIRECTOR Date Daytime Phone #