


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90025 036 ***150.00

DOCUMENT # L08870 1. Entity Name STEVE'S SERVICE AND JEWELRY CENTER INC.						
Principal Place of Business 1563 S HIGHLAND AVE. CLEARWATER, FL 33756 US			Mailing Address 1563 S HIGHLAND AVE. CLEARWATER, FL 33756 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	02192007 Chg-P CR2E034 (12/06)		
4. FEI Number 59-2962294				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 HUCK, MARY ANNE 1934 ARVIS CIR N CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1934 ARVIS CIR N. City CLEARWATER FL Zip Code 33764			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUCK, MARY ANNE 1934 ARVIS CIR N CLEARWATER, FL 33764		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1934 ARVIS CIR N CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUCK, STEVE 1934 ARVIS CIR N CLEARWATER, FL 33764		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Mary Anne Huck</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-25-07 224459696 <small>Date Daytime Phone #</small>			
MARY ANNE HUCK						