


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L27286 1. Entity Name STEP-RIET ENTERPRISES, INC.	
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Principal Place of Business 1108 ELIZABETH AVE WPB, FL 33401 US	Mailing Address 1108 ELIZABETH AVE. WEST PALM BEACH, FL 33401 US
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0175759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIETWYK, TANYA STEPHENS 1494 ARABIAN DR. LOXAHATCHEE, FL 33470
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**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JOSEPH B SR 1769 ABBEY RD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JOSEPH B JR. 62 W PINE TREE AVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIETWYK, TANYA S 1494 ARABIAN DR. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, BRYAN G 55 W RUBBERTREE DRIVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/05/05-80026-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tanya Rietwyk 5/2/05 561-833-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #