


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90150 027 ***150.00

DOCUMENT # L51141
 1. Entity Name
 CAROLYN J. STEVENSON, INC.



Principal Place of Business *16444 Roby Lake* Mailing Address *16444 Roby Lake*
~~3242 NW 101 TERRACE~~ *3242 NW 101 TERRACE*
~~SUNRISE, FL 33354 US~~ *SUNRISE, FL 33354 US*
~~Weston 33331~~ *Weston, FL 33331*

20057740



04132005 No Chg-P CR2E034 (10/03)

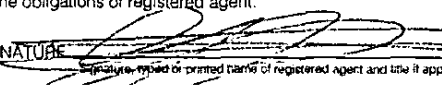
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0175114** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 STEVENSON, CAROLYN J.
~~3242 NW 101 TERRACE~~ *16444 Roby Lake*
~~SUNRISE, FL 33351~~ *Weston, FL 33331*

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  *Carolyn J. Stevenson* DATE *4-29-05*
(NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	STEVENSON, CAROLYN J.
STREET ADDRESS	3242 NW 101 TERRACE <i>16444 Roby Lake</i>
CITY - ST - ZIP	SUNRISE, FL. <i>Weston, FL 33331</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  *Carolyn J. Stevenson* DATE *4-29-05* Daytime Phone # *954-744-1891*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR