


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90076 018 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # L54687</b>   |  |    |   |
| 1. Entity Name<br><b>STEINMETZ CONSTRUCTION &amp; DEVELOPMENT, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>108 S OLD DIXIE HWY<br/>LADY LAKE, FL 32159 US</b>   |  | Mailing Address<br><b>108 S OLD DIXIE HWY<br/>LADY LAKE, FL 32159 US</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>P.O. Box 217</b><br>Suite, Apt. #, etc.  |   |
| City & State<br><b>Lady Lake, FL</b>   |  | City & State<br><b>Lady Lake, FL</b>  |   |
| Zip<br><b>32158</b>  | Country  | Zip<br><b>32158</b>   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>STEINMETZ, NANCY P<br/>108 S. OLD DIXIE HWY<br/>LADY LAKE, FL 32159</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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 _____  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>STEINMETZ, NANCY P<br>3718 LAKE GRIFFIN RD.<br>LADY LAKE, FL 32159 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>RODRIGUEZ, MARK A<br>3946 OAK POINTE DR<br>LADY LAKE, FL 32159 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>STEINMETZ, NEIL J<br>34105 PICCIOLA DR<br>FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>O'BRIEN, SUSAN<br>108 S. OLD DIXIE HWY<br>LADY LAKE, FL 32159 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>Nancy Steinmetz</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | 3-12-07 352-753-4009<br>Date Daytime Phone #  |   |



03122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3057965** Applied For  
Not Applicable

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