

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L73390

1. Entity Name
STEAMBOAT SPRINGS, INC.



Principal Place of Business
**1794 ROSCOE TURNER TRAIL
PORT ORANGE, FL 32128 US**

Mailing Address
**1794 ROSCOE TURNER TRAIL
PORT ORANGE, FL 32128 US**

FILED
Jan 26, 2005 08:00 AM
Secretary of State



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0304611	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

**BURTON, JOLENE M
1794 ROSCOE TURNER TRAIL
PORT ORANGE, FL 32128**

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**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**

U000000197275

01/27/05-80005-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURTON, KARL O 1794 ROSCOE TURNER TRAIL PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECKMEYER, DEBORAH S P O BOX 190 MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURTON, JOLENE M 1794 ROSCOE TURNER TRAIL PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Jolene M Burton Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/05 (386)304-6181
Date Daytime Phone #