## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 02, 2007 08:00 AM DOCUMENT # M95790 Secretary of State 1. Entity Name STEVENS ENGINEERING & ARCHITECTURE, INC. Mailing Address Principal Place of Business % RICHARD W. STEVENS 924 N MAGNOLIA #324 ORLANDO FL 32803 % RICHARD W. STEVENS 924 N MAGNOLIA #324 ORLANDO FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Numbor 59-2912896 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo STEVENS, RICHARD W. Street Address (P.O. Box Number is Not Acceptable) 924 N. MAGNOLIA #324 ORLANDO FL 32803 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delele Change 1011 DHE STEVENS, RICHARD W. NAME NAME 680 BALMORAL RD. STREET ADORESS STREET ADDRESS WINTER PARK FL CITY-ST-7IP CHY-SI-7P U00000686820 Change Addition ∏ Delete IIII TELLE STEVENS, JOHN K NAME NAME 04/10/07-80015-013 150.00 640 LANGHOLM STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-S1-7IP CHY-SI-ZIP." Change Addition . Delete IME THE NAME NAME STREET ADDRESS STRUE) ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition 11111 Defete NAM NAME STILET ADDRESS STRUCT ADDRESS CHY-ST-7IP C!TY-SI-7IP ☐ Change Addition Defete TITLE TIFLE NAME NAM! STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP Change ☐ Addition Delete TITLE THLE NAME NAME STREET LADDRESS STRUET ADORESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Richard W Stevens 3/30/07 (407) 422-6330