


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED RECEIVED
Mar 08, 2006 08:00 AM
 Secretary of State

BY: _____

DOCUMENT # P00000000925
 1. Entity Name
STEAMPLANT, INC.



Principal Place of Business: 1401 E BELMONT STREET, PENSACOLA FL 32501 US
 Mailing Address: 1401 E BELMONT STREET, PENSACOLA FL 32501 US



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

1st MOORE CR2E034 (10/05)

4. FEI Number: 42-8921177 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TERHAAR, ANTHONY L
 1401 E BELMONT ST
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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: Reg. stored Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$650.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: TERHAAR, A L STREET ADDRESS: 1401 E BELMONT STREET CITY-ST-ZIP: PENSACOLA FL 32501	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add 1108801460856 03/20/06-00018-018 150.00
TITLE: S NAME: CRONLEY, JAMES D STREET ADDRESS: 1401 E BELMONT ST CITY-ST-ZIP: PENSACOLA FL 32501	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing 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 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 title empowered

SIGNATURE: _____ 1/25/06 850-433-7007