

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000067363**

1. Entity Name  
**STEVE'S INKSPOT, INC.**



Principal Place of Business

9466 NAVARRE PKWY  
STE F  
NAVARRE, FL 32566

Mailing Address

9466 NAVARRE PKWY  
STE F  
NAVARRE, FL 32566



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3658819**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HEUSOHN, STEVEN  
9466 F. NAVARRE PKWY  
F  
NAVARRE, FL 32566

**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 STEVEN M. HEUSOHN

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

St M. NL

(NOTE: Registered Agent signature required when reinstating)

21 FEB 08

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000948127

05/02/08-80042-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEUSOHN, STEVE
STREET ADDRESS	9466-F NAVARRE PKWY
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VP
NAME	HEUSOHN, SHIRLEY
STREET ADDRESS	6825 TEMPLE LANE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: St M. NL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 FEB 08

Date

850 910 2624

Daytime Phone #