


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90066 034 \*\*\*150.00

<b>DOCUMENT # P01000031337</b> 1. Entity Name STEVE'S SERVICES, INC.	
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Principal Place of Business  
1989 TRADE CENTER WAY  
NAPLES, FL 34109

Mailing Address  
1989 TRADE CENTER WAY  
NAPLES, FL 34109



03102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3708694	Applied For + Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CROWDER, ANITA D 1490 CHURCHILL CR #I-101 NAPLES, FL 34116
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND CROWDER, RONALD 1490 CHURCHHILL CIRCLE #I-101 NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROWDER, ANITA DENISE 1490 CHURCHILL CIRCLE #I-101 NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLADEN CROWDER, CONRAD 1989 TRADE CENTER WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anita D Crowder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05 239-547-1511  
Date Daytime Phone #