




2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000091294					
1. Entity Name STEVENS ELECTRIC & MECHANICAL SERVICES, INC.					
Principal Place of Business 3120 N.E. 8TH PLACE OCALA FL 34470			Mailing Address 3120 N.E. 8TH PLACE OCALA FL 34470		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent STEVENS, DAVID M 3120 N.E. 8TH PLACE OCALA FL 34470				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 		SIGNATURE 		DATE 2/21/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-evaluating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	BP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	STEVENS, DAVID M	NAME	1100000449582		
STREET ADDRESS	3120 N.E. 8TH PLACE	STREET ADDRESS	03/09/06-80060-009 150.00		
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	STEVENS, DAVID M	NAME			
STREET ADDRESS	3120 N.E. 8TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP			
TITLE	SV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	STEVENS, THERESA L	NAME			
STREET ADDRESS	3120 N.E. 8TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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 like empowered.

SIGNATURE:  **DAVID M. STEVENS** **2/21/06** **352-369-6223**