


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000003857 1. Entity Name STEPHEN ALBRIGHT & ASSOCIATES, INC.	
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Principal Place of Business 2355 SE 17 ST. OCALA, FL 34471	Mailing Address 2355 SE 17 ST. OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0589803	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALBRIGHT, STEPHEN J JR 2355 SE 17 ST. OCALA, FL 34471

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, STEPHEN J JR 2355 SE 17 ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRIGHT, STEPHEN J JR 2355 SE 17 ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBRIGHT, CATHY M 2355 SE 17TH ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBRIGHT, STEPHANIE G 2355 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80001-008 150.00

**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: Cathy M. Albright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-07
Date

352 622 9191
Daytime Phone #