

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90020 017 \*\*\*150.00

DOCUMENT # P02000019217

1. Entity Name  
AMY T. STEFFENS, INC.



Principal Place of Business  
114 MEETING STREET DRIVE  
TALLAHASSEE, FL 32301

Mailing Address  
114 MEETING STREET DRIVE  
TALLAHASSEE, FL 32301

00000000



2. Principal Place of Business - No P.O. Box # -  
2743 Capital Circle N.E.  
Suite, Apt. #, etc.  
# 107

3. Mailing Address  
8735 Minnow Creek Dr  
Suite, Apt. #, etc.

02122007 Chg-P CR2E034 (12/06)

City & State  
Tallahassee FL  
Zip  
32308  
Country  
U.S.

City & State  
Tallahassee FL  
Zip  
32312  
Country  
U.S.

4. FEI Number  
03-0399579  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

THORNTON, AMY J  
114 MEETING STREET DRIVE  
TALLAHASSEE, FL 32301

## 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: 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. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME PVST  
STREET ADDRESS THORNTON, AMY J  
CITY - ST - ZIP 114 MEETING STREET DRIVE  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS THORNTON, AMY J  
CITY - ST - ZIP 114 MEETING STREET DRIVE  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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: Amy T. Steffens Amy T. Steffens 3-2-07 523-0153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #