2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000022828

1. Entity Name
STEVENS & COMPANY, INC.

Principal Place of Business	Mailing Address
7508 140TH ST N SEMONOLE, FL 33776	7508 140TH ST N SEMONOLE, FL 33776

DO NOT WRITE IN THIS SPACE

01212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
03-0400691	Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENS, MARY M
7508 140TH ST N
SEMONOLE, FL 33776

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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_____

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000027235
02/03/04-80038-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	STEVENS, MICHAEL J
STREET ADDRESS	7508 140TH ST N
CITY-ST-ZIP	SEMONOLE, FL 33776

TITLE	DVST
NAME	STEVENS, MARY M
STREET ADDRESS	7508 140TH ST N
CITY-ST-ZIP	SEMONOLE, FL 33776

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   1/02/04   727 391-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #