

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091648

Entity Name: STE PROPERTIES, INC.

FILED
Sep 06, 2006
Secretary of State

Current Principal Place of Business:

1488 SEMINOLA BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1488 SEMINOLA BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 42-1548852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, RON
1488 SEMINOLA BLVD.
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

STEVENS, RONALD W P
1488 SEMINOLA BLVD.
CASSELBERRY, FL 32707 US

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.

SIGNATURE: RONALD W. STEVENS

09/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: MERRMANN, CARRIE
Address: 245 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: SHD () Delete
Name: TERRELL, DAVID
Address: 1319 SASSAFRAS
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SHD () Delete
Name: JONES, KEITH
Address: 975 SADIE LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: TURNER, AMANDA
Address: 2240 CROAT ST.
City-St-Zip: MOUNT DORA, FL 32757

Title: P () Delete
Name: STEVENS, RONALD
Address: 245 SHADY OAKS CR.
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change () Addition
Name: HERRMANN, CARRIE A
Address: 4839 CAINS WREN TR
City-St-Zip: SANFORD, FL 32771

Title: SHD (X) Change () Addition
Name: TERRELL, DAVID B
Address: 1319 SASSAFRAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA TURNER

D

09/06/2006

Electronic Signature of Signing Officer or Director

Date