

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90027 008 \*\*\*158.75

**DOCUMENT # P03000006501**

1. Entity Name

STEAMPRO, INC.



Principal Place of Business

8721 NORTH MEADOWVIEW CIRCLE  
TAMPA FL 33625

Mailing Address

8721 NORTH MEADOWVIEW CIRCLE  
TAMPA FL 33625

2. Principal Place of Business

8721 N MEADOWVIEW CIRC

3. Mailing Address

8721 N MEADOWVIEW CIRC



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

8721 N MEADOWVIEW CIRC

Suite, Apt. #, etc.

PO BOX 261705

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

65-1167460

Applied For

Not Applicable

Zip

33625

Country

HILLSBOROUGH

Zip

33685

Country

HILLSBOROUGH

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T CPA  
5103 MEMORIAL HWY.  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

WATKINS CARL T CPA

Street Address (P.O. Box Number is Not Acceptable)

5103 MEMORIAL HWY.

City

TAMPA

FL

Zip Code

33634

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

*RB*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BASTA, RICHARD B  
STREET ADDRESS 8721 NORTH MEADOWVIEW CIRCLE  
CITY-ST-ZIP TAMPA FL 33625

TITLE D ☐ Delete  
NAME BARKELL, CHRISTOPHER  
STREET ADDRESS 8238 GREENLEAF CIRCLE  
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*RB*

Richard Basta

President 2/7/04 813-6103382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #