

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90259 037 ***150.00

DOCUMENT # P03000015239

1. Entity Name
STEPNIAK & WRENN, P.A.



Principal Place of Business
958 SOUTH RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114 US

Mailing Address
958 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

2. Principal Place of Business - No P.O. Box #
200 S. Ridgewood Ave.
Suite, Apt. #, etc. Suite 200

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Daytona Beach, FL
Zip 32114 Country USA

City & State
City Zip Country

04032007 Chg-P CR2E034 (12/06)

4. FEI Number
56-2314215
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEPNIAK, ROBERT F
958 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114
200 S. Ridgewood Ave.
Suite 200
Daytona Beach, FL 32114

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

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STEPNIAK, ROBERT F	
STREET ADDRESS	958 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPNIAK, JANE S	
STREET ADDRESS	958 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 (386) 253-4750
Date Daytime Phone #