

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90974 016 \*\*\*150.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P03000017874</b><br>1. Entity Name<br><b>SANDRA L. STEPHENS, C.P.A., P.A.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>217 1/2 MAIN STREET<br/>AUBURDALE, FL 33823</b>   |   |   | Mailing Address<br><b>217 1/2 MAIN STREET<br/>AUBURDALE, FL 33823</b>  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |   |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>STEPHENS, SANDRA L<br/>590 STATE ROAD 559<br/>AUBURDALE, FL 33823</b>  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br>SIGNATURE:<br><small>Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>                            |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>STEPHENS, SANDRA L<br/>217 1/2 MAIN STREET<br/>AUBURDALE, FL 33823</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #</small>   |   |   |  |   |  |

**66022601**



04202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**80-0057353**

Applied For  
Not Applicable

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