



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91220 038 \*\*\*150.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P03000053376</b>  |  |    |   |
| 1. Entity Name<br><b>STEVENSON BUSINESS VENTURES INC</b>  |  |   |   |
| Principal Place of Business<br><b>4027 N DAVIS HWY<br/>PENSACOLA, FL 32503</b>  |  | Mailing Address<br><b>4027 N DAVIS HWY<br/>PENSACOLA, FL 32503</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<br><br><b>STEVENSON, THOMAS C<br/>4027 N DAVIS HWY<br/>PENSACOLA, FL 32503</b>  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent in the last case. (NOTE: Registered Agent's signature and name are required.)</small>  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | PD<br>STEVENSON, THOMAS L<br>3500 CREIGHTON RD L7<br>PENSACOLA, FL 32504 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | STD<br>SALASCK, LISA<br>3500 CREIGHTON RD L7<br>PENSACOLA, FL 32504 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:   |  | 9/14/04   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |

**66433757**



09142004 Chg-P CR2E034 (10/03)


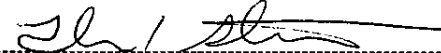
4. FEI Number  
**14-1883843**

Applies For  
Not Applicable

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

Attachment

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 4. FEI Number<br><b>14-18883843</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |   |
| <b>STEVENSON, THOMAS C<br/>4027 N DAVIS HWY<br/>PENSACOLA, FL 32503</b>   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and the filer only. (NOTE: Registered Agent's signature is not required.)</small> DATE _____   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |   |
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| 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:   |  | 8/28/04 850-437-3111  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date  |   |

Attachment

66433757

8/28/2004

To: Division of Corporations  
PO Box 5327  
Tallahassee, FL 32314

From: Stevenson Business Ventures Inc  
4027 North Davis Hwy  
Pensacola, FL 32503-2747

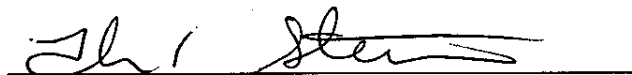
Document # P03000053376

We Received Your "Notice of Intent To Dissolve" the above named Corporation. Per our Phone Conversation to your office, here is the information we were directed to send:

- 1) Copy of Downloaded Form
- 2) FEI # on Form
- 3) 2004 Annual Report for Stevenson Business Ventures Inc. was submitted in May 04
- 4) Check for \$150.00 filing fee from Stevenson Business Ventures was Cashed on May 14, 2004
- 5) We received no request for "Correction Information". (apparently there was an issue with the FEI #? - per our phone call to your office)
- 6) The \$400.00 late filing fee should be waived since the \$150.00 fee was received prior to the deadline with the annual report form.

This is the information that was requested to be sent to your office per our phone conversation. We apologize for any delay... we were not aware there was even an issue until your 60-day notice of "Intent To Dissolve" was received.

Sincerely,



Thomas L Stevenson  
Phone# 850-437-3111