

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90264 040 \*\*\*150.00

**DOCUMENT # P03000060243**



1. Entity Name  
**STEGER ENTERPRISES, INC.**

Principal Place of Business  
**6161 PAINTED LEAF LN  
NAPLES, FL 34109**

Mailing Address  
**6161 PAINTED LEAF LN  
NAPLES, FL 34109**



2. Principal Place of Business  
**6210 WILSHIRE PINES CIRCLE**

3. Mailing Address  
**6210 WILSHIRE PINES CIRCLE**

Suite, Apt. #, etc.  
**101**

Suite, Apt. #, etc.  
**101**

02052004

Chg-P

CR2E034 (10/03)

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number  
**42-1591993**

Applied For  
Not Applicable

Zip  
**34109**

Country  
**USA**

Zip  
**34109**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEGER, HEIDI**  
~~**6161 PAINTED LEAF LN**~~ **6210 WILSHIRE PINES CIRCLE**  
**NAPLES, FL 34109** **#101**  
**NAPLES FL 34109**

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

*Heidi Steger*

**HEIDI STEGER**

**2-5-04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**STEGER, HEIDI**  
**6161 PAINTED LEAF LN**  
**NAPLES, FL 34109** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**STEGER, HEIDI**  
**6210 WILSHIRE PINES CIRCLE #101**  
**NAPLES FL 34109** ☒ Change ☐ Addition

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

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

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

*Heidi Steger*

**HEIDI STEGER**

**2-5-04**

**(239) 273-8715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #