

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90036 003 ***150.00

DOCUMENT # P03000067659

1. Entity Name

STEVENS FINANCIAL ANALYSIS, INC



Principal Place of Business

**2502 LARKSPUR DR.
PUNTA GORDA FL 33950**

Mailing Address

**2502 LARKSPUR DR.
PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3120869

Applied For

Not Applicable

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

**STEVENS, JAMES E
2502 LARKSPUR DR.
PUNTA GORDA FL 33950**

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, 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 PD ☐ Delete
NAME STEVENS, JAMES E
STREET ADDRESS 2502 LARKSPUR DR.
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T/D ☒ Change ☐ Addition
NAME JAMES E. STEVENS
STREET ADDRESS 2502 LARKSPUR DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE V/D ☐ Change ☒ Addition
NAME FRANCES A. STEVENS
STREET ADDRESS 2502 LARKSPUR DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE V/D ☐ Change ☒ Addition
NAME EDWARD R. STEVENS
STREET ADDRESS 21150 GERTRUDE AVE L4
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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:

**JAMES E. STEVENS
PRESIDENT**

1-27-04

941-639-4304

Date

Daytime Phone #