

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90030 012 ***150.00

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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**

40004340



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
75-3120869

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 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	PSTD STEVENS, JAMES E 2502 LARKSPUR DR. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, FRANCES A 2502 LARKSPUR DR. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, EDWARD R 21150 GERTRUDE AVE L4 PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05 941-639-4304
Date Daytime Phone #