

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90022 033 ***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
21150 GERTRUDE AVE.
Suite, Apt. #, etc.
UNIT L4

3. Mailing Address
21150 GERTRUDE AVE
Suite, Apt. #, etc.
UNIT L4

City & State
PORT CHARLOTTE, FL
Zip
33952
Country
USA

City & State
PORT CHARLOTTE, FL
Zip
33952
Country
USA



01182006 Chg-P CR2E034 (11/05)

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

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

7. Name and Address of New Registered Agent

Name
EDWARD R. STEVENS
Street Address (P.O. Box Number is Not Acceptable)
21150 GERTRUDE AVE.
UNIT L4
City
PORT CHARLOTTE FL Zip Code
33952

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 Edward R. Stevens EDWARD R. STEVENS 3/18/2006
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, 2006 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 PSTD ☐ Delete
STREET ADDRESS
CITY-ST-ZIP STEVENS, JAMES E
2502 LARKSPUR DR.
PUNTA GORDA, FL 33950

TITLE
NAME VD ☐ Delete
STREET ADDRESS
CITY-ST-ZIP STEVENS, FRANCES A
2502 LARKSPUR DR.
PUNTA GORDA, FL 33950

TITLE
NAME VD ☐ Delete
STREET ADDRESS
CITY-ST-ZIP STEVENS, EDWARD R
21150 GERTRUDE AVE L4
PORT CHARLOTTE, FL 33952

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP JAMES E. STEVENS
3415 ALLAPATCHEE DR
PUNTA GORDA, FL 33950

TITLE
NAME D ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP FRANCES A. STEVENS
3415 ALLAPATCHEE DR
PUNTA GORDA, FL 33950

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Edward R. Stevens EDWARD R. STEVENS 3/18/2006 941-457-5747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #