

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000071051

1. Entity Name
STEPHENSON'S 349 EXPRESS, INC.



Principal Place of Business
**114 NORTHEAST FIRST STREET
POST OFFICE BOX 308
TRENTON, FL 32693**

Mailing Address
**114 NORTHEAST FIRST STREET
POST OFFICE BOX 308
TRENTON, FL 32693**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4256749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURT, THEODORE M ESQ.
114 NORTHEAST FIRST STREET
TRENTON, FL 32693**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000592897
01/22/07-800009-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STEPHENSON, JODY**
STREET ADDRESS **592 NORTHEAST 831ST AVENUE**
CITY-ST-ZIP **OLD TOWN, FL 32680**

TITLE **D**
NAME **STEPHENSON, TRACY**
STREET ADDRESS **592 NORTHEAST 831ST AVENUE**
CITY-ST-ZIP **OLD TOWN, FL 32680**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *Tracy Stephenson* /VP-T.S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07 352-542-9233
Date Daytime Phone #