
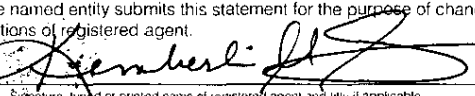


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91233 023 \*\*\*150.00

<b>DOCUMENT # P03000104618</b> 1. Entity Name <b>STEPHENSON BOOKKEEPING &amp; TAX, INC.</b>					
Principal Place of Business <b>3501 W. VINE STREET</b> <b>SUITE 317</b> <b>KISSIMMEE, FL 34741 US</b>			Mailing Address <b>3501 W. VINE STREET</b> <b>SUITE 317</b> <b>KISSIMMEE, FL 34741 US</b>		
2. Principal Place of Business <b>3501 W. VINE STREET</b> Suite, Apt. #, etc. <b>SUITE 293</b> City & State <b>KISSIMMEE, FL</b> Zip <b>34741</b> Country <b>US</b>		3. Mailing Address <b>3501 W VINE STREET</b> Suite, Apt. #, etc. <b>SUITE 293</b> City & State <b>KISSIMMEE FL</b> Zip <b>34741</b> Country <b>US</b>			
4. FEI Number <b>20-0493238</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>STEPHENSON, KEMBERLI M</b> <b>3501 W. VINE STREET</b> <b>SUITE 317</b> <b>KISSIMMEE, FL 34741</b>	
7. Name and Address of New Registered Agent Name <b>STEPHENSON BOOKKEEPING &amp; TAX, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3501 W. VINE ST. SUITE 293</b> City <b>KISSIMMEE</b> FL Zip Code <b>34741</b>				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  DATE <b>4/30/04</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME STEPHENSON, KEMBERLI M STREET ADDRESS 2117 POLO CLUB DRIVE #201 CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME STEPHENSON, NEVILLE A STREET ADDRESS 2117 POLO CLUB DRIVE #201 CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 			DATE <b>4/30/04</b>		DAYTIME PHONE # <b>407.944.4829</b>