


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90076 040 ***150.00

DOCUMENT # P03000111547			
1. Entity Name STEPPING STONES FOR SUCCESS, INC.			
Principal Place of Business 2808 NORTH 46TH AVENUE HOLLYWOOD, FL 33021		Mailing Address 2808 NORTH 46TH AVENUE HOLLYWOOD, FL 33021	
2. Principal Place of Business 2808 N. 46 ave		3. Mailing Address 2808 N. 46 ave	
Suite, Apt. #, etc. E248		Suite, Apt. #, etc. E248	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33021	Country USA	Zip 33021	Country USA
6. Name and Address of Current Registered Agent LIGHT, RHONDA 2808 NORTH 46TH AVENUE HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Rhonda Light Street Address (P.O. Box Number is Not Acceptable) 2808 N. 46 ave E248 City HOLLYWOOD FL Zip Code 33021	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, RHONDA 2808 NORTH 46TH AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rhonda Light 2808 N. 46 ave E-248 HOLLYWOOD, FL 33021 <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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-24-04 Daytime Phone # 954-989-8110	

34030111



03142004 Chg-P CR2E034 (10/03)

4. FEI Number ☒ Applied For
☐ Not Applicable

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