

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90024 034 \*\*\*150.00

<b>DOCUMENT # P03000115288</b> 1. Entity Name <b>STEVAR HOMES, INC.</b>																																	
Principal Place of Business <b>1239 PORTER RD BLDG #5 SARASOTA, FL 34240</b>			Mailing Address <b>1239 PORTER RD BLDG #5 SARASOTA, FL 34240</b>																														
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number <b>20-0291583</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																														
Name <b>Vardaman, Steve D.</b>			Name <b>Vardaman, Steve D.</b>																														
Street Address (P.O. Box Number is Not Acceptable) <b>4264 Prairie View Dr.</b>			Street Address (P.O. Box Number is Not Acceptable) <b>4264 Prairie View Dr.</b>																														
City <b>Sarasota</b>			City <b>Sarasota</b>																														
State <b>FL</b>			State <b>FL</b>																														
Zip Code <b>34232</b>			Zip Code <b>34232</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 <u>Steve O. Vardaman, Pres</u> <span style="float: right;">3-14-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Nonresident Agent signature required when reinstating)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 5px;">           P <input type="checkbox"/> Delete  <b>VARADAMAN, STEVE O</b>  <b>4264 PRAIRIE VIEW DR.</b>  <b>SARASOTA, FL 34232</b> </td> <td style="width: 50%; padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Vardaman, Steve O.</b> </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;">           V <input type="checkbox"/> Delete  <b>LANGER, ERIC</b>  <b>PO BOX 1742</b>  <b>NOKOMIS, FL 34274</b> </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>VARADAMAN, STEVE O</b> <b>4264 PRAIRIE VIEW DR.</b> <b>SARASOTA, FL 34232</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vardaman, Steve O.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>LANGER, ERIC</b> <b>PO BOX 1742</b> <b>NOKOMIS, FL 34274</b>	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	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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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.																																	
<b>SIGNATURE:</b> <u>[Signature]</u> <span style="float: right;">3-14-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	
<div style="display: flex; justify-content: space-between;"> <span><small>Divis</small></span> <span><small>Daytime Phone #</small></span> </div>																																	