


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90047 032 \*\*\*150.00

<b>DOCUMENT # P03000123211</b> 1. Entity Name <b>STEVE LITTLE INC.</b>					
Principal Place of Business <b>8821 W RIVERWOOD DR CRYSTAL RIVER, FL 34428</b>			Mailing Address <b>PO BOX 211 NEW PORT RICHEY, FL 34656</b>		
2. Principal Place of Business - No P.O. Box # <b>10301 W LITTLE HAMMOCK CT</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>CRYSTAL RIVER, FL 34429</b>			
Suite, Apt. #, etc. City & State <b>CRYSTAL RIVER, FL 34429</b>		Suite, Apt. #, etc. City & State <b>CRYSTAL RIVER, FL 34429</b>		4. FEI Number <b>90-0114059</b>	
Zip <b>34429-2415</b>		Country <b>CITRUS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LITTLE, STEVEN M 8821 W RIVERWOOD DR CRYSTAL RIVER, FL 34428</b>			7. Name and Address of New Registered Agent Name <b>LITTLE, STEVEN M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10301 W LITTLE HAMMOCK CT</b> <b>CRYSTAL RIVER</b> City <b>FL</b> Zip Code <b>34429</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. <b>(CHANGE OF ADDRESS ONLY)</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LITTLE, STEVEN M 8821 W RIVERWOOD DR CRYSTAL RIVER, FL 34428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LITTLE, STEVEN M 10301 W LITTLE HAMMOCK CT CRYSTAL RIVER FL 34429	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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> _____			01/22/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		