

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90002 016 ***159.00

DOCUMENT # P03000123870 1. Entity Name STEVEN SMALL, INC.			
Principal Place of Business 114 CALLAWAY AVE. SPRING HALL, FL 34606		Mailing Address 114 CALLAWAY AVE. SPRING HALL, FL 34606	
2. Principal Place of Business - No P.O. Box # 114 Callaway Ave. Suite, Apt. #, etc. Spring Hill, FLA. City & State		3. Mailing Address 114 Callaway Ave Suite, Apt. #, etc. Spring Hill, FLA. City & State	
Zip 34606	Country Hernando	Zip 34606	Country Hernando
4. FEI Number 20-0357656		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGI, JAMES E 58 COMMERCIAL WAY SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD SMALL, STEVEN 114 CALLAWAY AVE. SPRING HALL, FL 34606	<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.			
SIGNATURE: 		8/27/08 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	