


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90017 041 \*\*\*150.00

<b>DOCUMENT # P03000134021</b> 1. Entity Name <b>STEVEN W. CRAIG CONSTRUCTION, INC.</b>					
Principal Place of Business <b>5911 SE 127TH PLACE BELLEVUE, FL 34420</b>			Mailing Address <b>5911 SE 127TH PLACE BELLEVUE, FL 34420</b>		
2. Principal Place of Business - No P.O. Box # <b>16091 SE 36th AVE</b>		3. Mailing Address <b>16091 SE 36th AVE.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Summerfield FL</b>		City & State <b>Summerfield FL</b>		4. FEI Number <b>20-0400878</b>	
Zip <b>34491</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CRAIG, STEVEN W 5911 SE 127TH PLACE BELLEVUE, FL 34420</b>			7. Name and Address of New Registered Agent  <b>16091 SE 36th AVE. Summerfield FL 34491</b>		
Name 			Street Address (P.O. Box Number is Not Acceptable) 		
City 			State <b>FL</b>		
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: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P <b>CRAIG, STEVEN W 5911 SE 127TH PLACE BELLEVUE, FL 34420</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>16091 SE 36th AVE Summerfield FL 34491</b>	<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
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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: <u>Steven W Craig</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/12/07</u> <u>352 572 6223</u> <small>Date Daytime Phone #</small>		