

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136237

FILED
Apr 27, 2007
Secretary of State

Entity Name: STEVENS HOME MAINTENANCE, INC.

Current Principal Place of Business:

1314 BEAR RUN BLVD
ORANGE PARK, FL 320657330 US

New Principal Place of Business:

428 MADISON AVENUE
NONE
ORANGE PARK, FL 32065 US

Current Mailing Address:

1314 BEAR RUN BLVD
ORANGE PARK, FL 320657330 US

New Mailing Address:

428 MADISON AVENUE
NONE
ORANGE PARK, FL 32065 US

FEI Number: 16-1690805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, SAMUEL
1314 BEAR RUN BLVD
ORANGE PARK, FL 320657330 US

Name and Address of New Registered Agent:

STEVENS, SAMUEL
428 MADISON AVENUE
3-D
ORANGE PARK, FL 32065 US

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.

SIGNATURE: SAMUEL STEVENS

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STEVENS, SAMUEL
Address: 1314 BEAR RUN BLVD
City-St-Zip: ORANGE PARK, FL 320657330 US

Title: DVPT () Delete
Name: STEVENS, KATHERINE K
Address: 1314 BEAR RUN BLVD
City-St-Zip: ORANGE PARK, FL 320657330 US

Title: DS (X) Delete
Name: BLAIR, THOMAS A
Address: 54025 JEANNIE ROAD-P O BOX 1670
City-St-Zip: CALLAHAN, FL 320111670 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: STEVENS, SAMUEL
Address: 428 MADISON AVENUE, 3-D
City-St-Zip: ORANGE PARK, FL 32065 US

Title: DVPS (X) Change () Addition
Name: GRIFFIN, STEPHANIE B
Address: 4329 HERCULES AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL STEVENS

DPT

04/27/2007

Electronic Signature of Signing Officer or Director

Date