

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000136330

1. Entity Name
STEPHEN J. MYERS, INC.



Principal Place of Business
73 PILGRIM DRIVE
PALM COAST, FL 32164

Mailing Address
73 PILGRIM DRIVE
PALM COAST, FL 32164

**FILED
Apr 24, 2006 08:00 AM
Secretary of State**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0099611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MYERS, STEPHEN J
73 PILGRIM DRIVE
PALM COAST, FL 32164

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MYERS, STEPHEN J
STREET ADDRESS	73 PILGRIM DRIVE
CITY-ST-ZIP	PALM COAST, FL 32164

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000529153
05/05/06-80064-022 150.00

**DO NOT WRITE
IN THIS SPACE**