

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 009 ***150.00

DOCUMENT # P03000136895

1. Entity Name

STEVE JENKINS, INC.



Principal Place of Business

CITOUS CO.
INVERNESS FL 34450

Mailing Address

7353 BAKER AVE
FLORAL CITY FL 34436

40032000



2. Principal Place of Business - No P.O. Box #

Citous Co
Suite, Apt. #, etc.

3. Mailing Address

7353 Baker Ave
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Inverness FL

City & State

Floral City FL

4. FEI Number 57-1195242

Applied For
Not Applicable

Zip

34450

Country

U.S.

Zip

34436

Country

U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, JULIEANN
7353 BAKER AVE
FLORAL CITY FL 34436

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

Julianne Jenkins

Signature, typed or printed name of registered agent or officer, if applicable.

(NOTE) Registered Agent signature required when reinstating.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: *D*
NAME: JENKINS, STEVE
STREET ADDRESS: 7353 BAKER AVE
CITY ST ZIP: FLORAL CITY FL 34436
☐ Delete

TITLE: *President*
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Julianne Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07 352-637-2169

Date Daytime Phone #