

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90004 006 \*\*\*158.75



**DOCUMENT # P03000150829**  
 1. Entity Name  
**STEVE'S PROPERTY SERVICE INC.**

Principal Place of Business: **10524 PLANTATION BAY DR TAMPA, FL 33647**  
 Mailing Address: **POST OFFICE BOX 48661 TAMPA, FL 33647**



2. Principal Place of Business: **39058 Griffin Landing**  
 Suite, Apt. #, etc.:  
 3. Mailing Address: **P.O. BOX 1419**  
 Suite, Apt. #, etc.:

07272004 Chg-P CR2E034 (10/03)

City & State: **Lady Lake, FL**  
 City & State: **Lady Lake, FL**  
 Zip: **32159** Country: **Lake**  
 Zip: **32159** Country: **Lake**

4. FEI Number: **20-0478733**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARTIN, CHRESCENDA S**  
**10524 PLANTATION BAY DR**  
**TAMPA, FL 33647**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>MARTIN, STEVEN E</b> <b>10524 PLANTATION BAY DR</b> <b>TAMPA, FL 33647</b> <i>39058 Griffin Lady Lake FL 32159</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>MARTIN, CHRESCENDA S</b> <b>10524 PLANTATION BAY DR</b> <b>TAMPA, FL 33647</b> <i>same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Steve Martin* **8-16-04**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #