

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90034 005 \*\*\*158.75

<b>DOCUMENT # P04000001388</b>	
1. Entity Name <b>STEPHENS FAMILY, INC.</b>	

Principal Place of Business <b>5634 SHASTA DRIVE ORLANDO, FL 32810</b>	Mailing Address <b>5634 SHASTA DRIVE ORLANDO, FL 32810</b>
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**44006346**



2. Principal Place of Business <b>7190 HWY 17-92</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Fern Park, FL</b>	City & State
Zip <b>32730</b>	Country <b>Seminole</b>

01222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>KENNETH B THOMSON PA 101 SOUTHHALL LANE SUITE 400 MAITLAND, FL 32751</b>	
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7. Name and Address of New Registered Agent <b>Penny N. Stephens</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>207 Pearl lake Causeway Apt. 67</b>	
City <b>Altamonte Springs FL</b>	Zip Code <b>32714</b>

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 <b>Penny N. Stephens</b>	DATE <b>1-22-04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STEPHENS, WILLIAM E 5634 SHASTA DRIVE ORLANDO, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENS, PENNY N 5634 SHASTA DRIVE ORLANDO, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Stephens, Neil E. 598 Lagorce Terrace Deltona, FL 32738</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Stephens, Penny N. 207 Pearl lake Cswy. Apt 67 Altamonte Spgs. FL, 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Stephens, Daniel M. 5634 Shasta Dr. Orlando FL 32810</b>
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

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: <b>Penny Stephens</b>	DATE: <b>1-22-04</b>	DAYTIME PHONE: <b>(407) 628-0934</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		