

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001388

Entity Name: STEPHENS FAMILY, INC.

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

7190 HWY 17-92
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

1251 JASMINE RD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 80-0089585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, PENNY N
151 RONNIE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

STEPHENS, WILLIAM E DIRECTO
1251 JASMINE ROAD
APOPKA, FL 32703 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: WILLIAM E. STEPHENS

02/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: STEPHENS, WILLIAM E
Address: 1251 JASMINE RD
City-St-Zip: APOPKA, FL 32714

Title: V () Delete
Name: STEPHENS, NEIL E
Address: 598 LAGORCE TERRACE
City-St-Zip: DELTONA, FL 32738

Title: S (X) Delete
Name: FLORES, PENNY N
Address: 849 WYMORE RD, APT 34B
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDS (X) Change () Addition
Name: STEPHENS, WILLIAM E
Address: 1251 JASMINE RD
City-St-Zip: APOPKA, FL 32714

Title: V (X) Change () Addition
Name: STEPHENS, NEIL E
Address: 126 HIGHLAND DRIVE
City-St-Zip: FERN PARK, FL 32730

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: WILLIAM E STEPHENS

DPTS

02/07/2008

Electronic Signature of Signing Officer or Director

Date