## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000001388

Entity Name: STEPHENS FAMILY, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7190 HWY 17-92 FERN PARK, FL 32730

Current Mailing Address: New Mailing Address:

1251 JASMINE RD APOPKA, FL 32703

FEI Number: 80-0089585 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDS () Delete Title: PTD (X) Change () Addition Name: STEPHENS, WILLIAM E Name: STEPHENS, WILLIAM E Address: 1251 JASMINE RD Address: 1251 JASMINE RD

APOPKA, FL 32714 City-St-Zip: APOPKA, FL 32714

Title: Title: ٧S (X) Change ( ) Addition () Delete Name: STEPHENS, NEIL E Name: STEPHENS, NEIL E 126 HIGHLAND DRIVE Address: 126 HIGHLAND DRIVE Address: FERN PARK, FL 32730 City-St-Zip: FERN PARK, FL 32730 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: NEIL E STEPHENS VS 04/20/2009