


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90047 016 ***150.00

DOCUMENT # P04000002700 1. Entity Name STEPHEN J. FLEMING AND ASSOCIATES, INC.																																																																										
Principal Place of Business 6220 TIMBERWOOD CIRCLE #121 FORT MYERS, FL 33908 US			Mailing Address 6220 TIMBERWOOD CIRCLE #121 FORT MYERS, FL 33908 US																																																																							
2. Principal Place of Business			3. Mailing Address																																																																							
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																							
City & State			City & State																																																																							
Zip		Country	Zip		Country																																																																					
6. Name and Address of Current Registered Agent FLEMING, STEPHEN J 6220 TIMBERWOOD CIRCLE #121 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O.-Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																							
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																							
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLEMING, STEPHEN J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6220 TIMBERWOOD CIRCLE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>FORT MYERS, FL 33908</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	FLEMING, STEPHEN J		STREET ADDRESS	6220 TIMBERWOOD CIRCLE		CITY- ST- ZIP	FORT MYERS, FL 33908																										TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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.																																																																										
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Stephen J. Fleming</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 3/31/05 <small>Date</small> </div> <div> 239-707-0326 <small>Daytime Phone #</small> </div> </div>																																																																										