
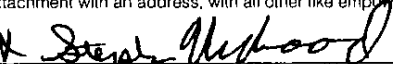


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 033 ***150.00

DOCUMENT # P04000004854 1. Entity Name STEPHEN UNDERWOOD SERVICES, INC.			
Principal Place of Business 14866 BELLE ESTATES ROAD BALDWIN, FL 32234 US		Mailing Address 14866 BELLE ESTATES ROAD BALDWIN, FL 32234 US	
2. Principal Place of Business - No P.O. Box # 7850 Fox tail Ln.		3. Mailing Address 7850 Fox tail Ln.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jax, Fla		City & State Jax, Fla	
Zip 32219		Zip 32219	
Country 		Country 	
4. FEI Number 20-0550564		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNDERWOOD, STEPHEN L 14866 BELLE ESTATES RD BALDWIN, FL 32234		7. Name and Address of New Registered Agent Name Stephen L. Underwood Street Address (P.O. Box Number is Not Acceptable) 7850 Fox tail Ln City Jax FL Zip Code 32219	
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) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERWOOD, STEPHEN L 14866 BELLE ESTATES ROAD BALDWIN, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Stephen L. Underwood 7850 Fox tail Ln. Jax, Fla 32219 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNDERWOOD, DEBRA G 14866 BELLE ESTATES ROAD BALDWIN, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Debra Underwood 7850 Fox tail Ln Jax Fla 32219 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNDERWOOD, MICHEAL L 14866 BELLE ESTATES ROAD BALDWIN, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect - Micheal Underwood 14866 Belle Estates Rd Baldwin Fla 32234 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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: 		Date 4/21/07 Daytime Phone # 891-0186	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	