

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90070 038 ***158.75

DOCUMENT # P04000015549

1. Entity Name
STEPHEN'S WINTER RESORT, INC.



Principal Place of Business
9750 HIGHWAY 78 WEST
OKEECHOBEE, FL 34974

Mailing Address
9750 HIGHWAY 78 WEST
OKEECHOBEE, FL 34974

2. Principal Place of Business

Okeechobee, FL
Suite, Apt. #, etc.

3. Mailing Address

9750 Hwy 78 West
Suite, Apt. #, etc.



01192005 Chg-P CR2E034 (10/03)

City & State

Okeechobee
Zip 34974

Country

Okeechobee

City & State

FL
Zip 34974

Country

Okeechobee

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNEIDER, GLENN J ESQ.
200 SW 9TH STREET
OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Chris Keen Pres ☐ Delete

NAME Chris Keen

STREET ADDRESS 9750 Hwy 78 W

CITY-ST-ZIP Okeechobee, FL

TITLE Owner & Pres ☐ Delete

NAME Chris Keen

STREET ADDRESS 9750 Hwy 78 W Okeechobee, FL

CITY-ST-ZIP Okeechobee, FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Chris Keen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/05 1-863-763-4747

Date

Daytime Phone #