


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90097 006 \*\*\*150.00

<b>DOCUMENT # P04000015549</b>	
1. Entity Name <b>STEPHEN'S WINTER RESORT, INC.</b>	

Principal Place of Business <b>9750 HIGHWAY 78 WEST OKEECHOBEE, FL 34974</b>	Mailing Address <b>9750 HIGHWAY 78 WEST OKEECHOBEE, FL 34974</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>9750 Hwy 78 W</b>	3. Mailing Address <b>9750 Hwy 78 W</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Okeechobee Florida</b>	City & State <b>Okeechobee Florida</b>
Zip <b>34974</b>	Zip <b>34974</b>
Country <b>US</b>	Country <b>US</b>

03202007 Chg-P CR2E034 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SNEIDER, GLENN J ESQ. 200 SW 9TH STREET OKEECHOBEE, FL 34974</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KEEN, CHRIS 9750 HWY 78 W OKEECHOBEE, FL 34974</b> <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
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: *Chris Keen* 03/26/07 863763-4747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT 40047445  
Division of Corporations

## Annual Report

Document Number

P04000015549

Business Entity Name

STEPHEN'S WINTER RESORT, INC.

FEI Number

FEI Number Status

☐ Applied For ☒ Not Applicable ☐ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address 9750 HIGHWAY 78 WEST  
Suite, Apt. #, etc.  
City, State OKEECHOBEE, FL  
Zip Code & Country 34974

## Mailing Address

Address 9750 HIGHWAY 78 WEST  
Suite, Apt. #, etc.  
City, State OKEECHOBEE, FL  
Zip Code & Country 34974

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) SNEIDER, GLENN, J, ESQ.  
-or- RA Business Name  
Address 200 SW 9TH STREET  
Suite, Apt. #, etc.  
City, State OKEECHOBEE, FL  
Zip Code & Country 34974 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature