

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017125

FILED
Apr 14, 2006
Secretary of State

Entity Name: STEAPERS, INC.

Current Principal Place of Business:

4540 SOUTHSIDE BLVD STE 401
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4540 SOUTHSIDE BLVD STE 401
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, JOSHUA
4540 SOUTHSIDE BLVD STE 401
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HILL, JOSHUA D
Address: 4540 SOUTHSIDE BLVD STE 401
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVS () Delete
Name: FULLER, LINDSAY MEGAN
Address: 2859 LANDING DR
City-St-Zip: MARIETTA, GA 30066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: HILL, LINDSAY MEGAN
Address: 2324 ABERFORD CT.
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSHUA D. HILL

DPS

04/14/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date