


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 049 ***150.00

DOCUMENT # P04000050538 1. Entity Name STEVE EARLY MILLWORK INSTALLATION, INC.					
Principal Place of Business 7480 SW 42ND PL DAVIE FL 33314				Mailing Address 7480 SW 42ND PL DAVIE FL 33314	
2. Principal Place of Business - No P.O. Box # 6700 CYPRESS RD #		3. Mailing Address 6700 CYPRESS RD			
Suite, Apt. #, etc. 309		Suite, Apt. #, etc. #309			
City & State PLANTATION FL		City & State PLANTATION		4. FEI Number 20-0883258	
Zip 33317		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EARLY, STEVE 7480 SW 42ND PLACE DAVIE FL 33314			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 <u>Steve Early</u> STEVE EARLY DATE <u>MAR 22, 08</u> <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PD EARLY, STEVE 7480 SW 42ND PINE DAVIE FL 33314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVE EARLY 6700 CYPRESS RD #309 PLANTATION FL 33317	
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	
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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 Section 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: <u>Steve Early</u> STEVE EARLY DATE <u>MAR 22, 08</u> 305 (491-3956)					



1st MOORE CR2E034 (10/07)