

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90093 007 \*\*\*150.00

<b>DOCUMENT # P04000169031</b>					
<b>1. Entity Name</b> STERNS OUTBOARD SERVICE, INC.					
<b>Principal Place of Business</b> P.O. BOX 401 YANKEETOWN, FL 34498 US			<b>Mailing Address</b> P.O. BOX 401 YANKEETOWN, FL 34498 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3991 SE 193 Pl.		<b>3. Mailing Address</b> PO Box 401			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122007    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> yankeetown Fl.		<b>City &amp; State</b> yankeetown Fl.		<b>4. FEI Number</b> 56-2481973	
<b>Zip</b> 34498		<b>Country</b> Levy		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> STERN, ROBERT 3991 SE 193 PLACE YANKEETOWN, FL 34498			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE: <u>Robert Stern</u> DATE: <u>March 16 2007</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> STERN, ROBERT P.O. BOX 401 YANKEETOWN, FL 34498 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> KEIM, MICHAEL J P.O. BOX 401 YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert Stern</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>March 16 2007</u> / 352 302 3065 <small>Date    Daytime Phone #</small>		