## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2008 08:00 Al Secretary of State

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1. Entity Name

V.R. STEVENS CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

40227 OVERLOOK DRIVE EUSTIS, FL 32736

POST OFFICE BOX 229375 GLENWOOD, FL 32722



## DO NOT WRITE IN THIS SPACE

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|----------|--------------------------|-----------------|--------|
| 01212008 | No Chg-P                 | CR2E034 (11/05) |        |

4. FEI Number 20-2273155 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, VERNON R 40227 OVERLOOK DRIVE EUSTIS, FL 32736

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|                                                                                                                         | a named entity submits this statement for the pitions of registered agent. | urpose of changing its registere | d office or registered agent, or           | both, in the State of Florida, I am familiar with, and accept |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------|---------------------------------------------------------------|
| SIGNATURE.                                                                                                              | Signature, typed or printed name of registered agent and title it          | f applicable (NOTE Registered    | Agent signature required when reinstating) | DATE                                                          |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution. |                                                                            |                                  | \$5.00 May Be Added to Fees                | U00000877607<br>04/14/08-80021-009 150.00                     |
| 10.                                                                                                                     | OFFICERS AND DIREC                                                         | TORS                             |                                            |                                                               |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | PSTD<br>STEVENS, VERNON R<br>40227 OVERLOOK DRIVE<br>EUSTIS, FL 32736      |                                  |                                            |                                                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                   |                                                                            |                                  |                                            |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          |                                                                            |                                  |                                            | NOT WRITE                                                     |
| NAME STREET ADDRESS CITY-ST-ZIP                                                                                         |                                                                            |                                  | <b>IN</b>                                  | THIS SPACE                                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                   |                                                                            |                                  |                                            |                                                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                   |                                                                            |                                  |                                            |                                                               |

12. Thereby 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.

P Stevens 2/1/09