


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90161 044 ***150.00


| | |
|---|---|
| DOCUMENT # P05000045502 |  |
| 1. Entity Name FLORIDA STEAM PROS INC | |

| | |
|--|---|
| Principal Place of Business 1707 CHRISTOPHER STREET LYNN HAVEN, FL 32444 | Mailing Address P.O. BOX 9044 PANAMA CITY BEACH, FL 32417 |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| RENEAU, DAVID W 1707 CHRISTOPHER STREET LYNN HAVEN, FL 32444 | |

40068831



04242006 Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-2553155 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|-------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENEAU, DAVID W | NAME | |
| STREET ADDRESS | 1707 CHRISTOPHER STREET | STREET ADDRESS | |
| CITY-ST-ZIP | LYNN HAVEN, FL 32444 | CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORBIN, CHRIS W | NAME | |
| STREET ADDRESS | 1707 CHRISTOPHER STREET | STREET ADDRESS | |
| CITY-ST-ZIP | LYNN HAVEN, FL 32444 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENEAU, CHERRY M | NAME | Cherry M. Reneau |
| STREET ADDRESS | 1707 CHRISTOPHER STREET | STREET ADDRESS | 1707 Christopher ST. |
| CITY-ST-ZIP | LYNN HAVEN, FL 32444 | CITY-ST-ZIP | LYNN Haven, FL 32444 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: David W. Reneau **4/26/2006** **(850) 271-8127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #