


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90191 023 ***150.00

DOCUMENT # P05000053069

1. Entity Name
ROBERT L. STEVENSON, INC.



Principal Place of Business
**760 JULIAN STREET
 WINTER PARK, FL 32789**

Mailing Address
**760 JULIAN STREET
 WINTER PARK, FL 32789**

2. Principal Place of Business - No P.O. Box #
7685 Broken Arrow Trl

3. Mailing Address
7685 Broken Arrow Trl

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip Country
32792

6. Name and Address of Current Registered Agent

**STEVENSON, HELEN
 760 JULIAN STREET
 WINTER PARK, FL 32789**

4. FEI Number
20-2632550

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent


Name
Stevenson, Robert L.

Street Address (P.O. Box Number is Not Acceptable)
7685 Broken Arrow Trl

City
Winter Park

FL Zip Code
32792

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:  **Robert L. Stevenson** **2/28/08**

Signature of registered agent or printed name of registered agent and title if 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 Financing Trust Fund Contribution. **\$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	P STEVENSON, ROBERT L 760 JULIAN STREET WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7685 Broken Arrow Trl Winter Park, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENSON, HELEN R 760 JULIAN STREET WINTER PARK, FL 32789 <input checked="" 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 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:  **Robert L. Stevenson** **2/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
407-647-1900