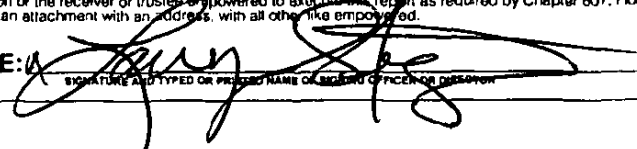


2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/21

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

02-26-2007 90050 006 ***158.75

DOCUMENT # P05000055356			
1. Entity Name L.D. STEIGER INC.			
Principal Place of Business 2261 GULF TO BAY LOT #325 CLEARWATER, FL 33765		Mailing Address 2261 GULF TO BAY LOT #325 CLEARWATER, FL 33765	
2. Principal Place of Business - No P.O. Box # 1039 Jambalana Dr		3. Mailing Address 1039 Jambalana Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Holiday, FL		City & State Holiday, FL	
Zip 34691		Zip 34691	
Country USA		Country USA	
6. Name and Address of Current Registered Agent STEIGER, LARRY D 2261 GULF TO BAY LOT #325 CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name Larry D Steiger Street Address (P.O. Box Number is Not Acceptable) 1039 Jambalana Dr. City Holiday FL Zip Code 34691	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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	PD STEIGER, LARRY D 2261 GULF TO BAY LOT #325 CLEARWATER, FL 33765 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1039 Jambalana Dr. Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition VP Linda D Steiger 1039 Jambalana Dr. Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 employment.			
SIGNATURE: 		α 3-13-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66005590



02202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2689106

Applied For
☐ Not Applicable

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