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Secretary of State

02-26-2007 90050 006 ***158.75

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000055356

1. Entity Name
L.D. STEIGER INC.

66005590

Principal Place of Business	Mailing Address
2261 GULF TO BAY LOT #325 CLEARWATER, FL 33765	2261 GULF TO BAY LOT #325 CLEARWATER, FL 33765

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1039 Jambalana Dr	1039 Jambalana Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday, Fl	City & State: Holiday, Fl.
Zip: 34691 Country: USA	Zip: 34691 Country: USA

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

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 ______ Signature, typed 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, 2007 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	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
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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 empowered.

SIGNATURE: [signature] 3-13-07

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