

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000103751

1. Entity Name
STEINHATCHEE COTTAGES AND RETREAT, INC.



Principal Place of Business
2275 W MIDDLE W
LECANTO, FL 34461 US

Mailing Address
2275 W MIDDLE LANE
LECANTO, FL 34461 US



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3336966
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, WILLIAM B
2275 W MIDDLE LANE
LECANTO, FL 34461

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000405816
05/01/08-80066-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
KROEGER, CHESTER
2001-A EMERALD COAST PKWY
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
BICKERS, MICHAEL
P.O. BOX 3
BRUNSWICK, GA 31521

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
CARTER, WILLIAM B
2275 W MIDDLE LANE
LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
KIMUTIS, MICHELLE
4713 SW CR 21B
KEYSTONE HEIGHTS, FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
SMITH, BOBBY T
365 SW ANGELA TERR
LAKE CITY, FL 32024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #