

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90481 001 ***150.00

DOCUMENT # P05000104630

1. Entity Name
HOOKE-STEEN DEVELOPMENT CORPORATION



Principal Place of Business
**5005 LAUREL STREET SUITE 210
TAMPA, FL 33607**

Mailing Address
**5005 LAUREL STREET SUITE 210
TAMPA, FL 33607**

60045850

2. Principal Place of Business - No P.O. Box #
6456 26th Ave N
Suite, Apt. #, etc.

3. Mailing Address
6456 26th Ave N
Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State
St Petersburg
Zip
33710 Country
USA

City & State
St. Petersburg
Zip
33710 Country
USA

4. FEI Number
20-3430018 Applied For
Not Applicable

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

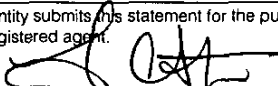
6. Name and Address of Current Registered Agent

HOOKE, SHAWN
5005 LAUREL STREET SUITE 210
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name **Traci Steen**
Street Address (P.O. Box Number is Not Acceptable)
669 1st Ave N
City **St. Petersburg** FL Zip Code **33701**

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)

4/27/07
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

TITLE **PRES** ☐ Delete
NAME **STEEN, TERRY W PRES**
STREET ADDRESS **6456 26TH AVE N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **VP** ☐ Delete
NAME **DELVECCHIO, LISA S VP**
STREET ADDRESS **700 CENTRAL AVENUE, STE 500**
CITY-ST-ZIP **ST. PETERSBURG, FL 33731**

TITLE **SEC** ☐ Delete
NAME **STEEN, TRACI SEC**
STREET ADDRESS **6456 26TH AVE N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **TREA** ☒ Delete
NAME **HOOKE, SHAWN TREAS**
STREET ADDRESS **5005 LAUREL STREET, STE 210**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1925 Second Ave**
STREET ADDRESS **Tampa FL 33605**
CITY-ST-ZIP

TITLE **SEC / TREAS** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07 **813-272-1400**
Date Daytime Phone #