2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **ANNUAL REPORT (AR)** Apr 06, 2006 8:00 am Secretary of State DOCUMENT # P05000164321 1. Entity Name 04-06-2006 90026 037 \*\*\*150.00 STEVENTON ENTERPRISES, INC. Principal Place of Business Mailing Address 2535 PRIVADA DRIVE THE VILLAGES FL 32162 2535 PRIVADA DRIVE THE VILLAGES FL 32162 2. Principal Place of Business 3. Mailing Address 16440 SE 135/A P.O. BOX 186 Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State WEIRSDALE 78 WEIRSPALE Not Applicable Country U.S. A \$8.75 Additional 32195 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVENTON GEORGE MICHAEL CROAK, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 2535 PRIVADA DRIVE THE VILLAGES FL 32162 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 M.G. STEVENTON Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE 13 9 5550.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESIDENT TITLE Delete MICHAEL GEORGE STEVENTON NAME CROAK, MICHAEL A NAME 709 HAYNESVILLE WAY THE VILLAGES ISL 32162 STREET ADDRESS 2535 PRIVADA DRIVE STREET ADDRESS CITY-ST-ZIP THE VILLAGES FL 32162 CITY-ST-ZIP VICE PRESIDENT Addition ☐ Delete TITLE TITI F Change TAMES MICHAEL STEVENTON 709 HATNESVILLE WAY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIHAGES TITLE ☐ Delete TITLE Change ☐ Addition MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

M.G. STEVENTON

Daysime Phone 321-094

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED