


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90054 032 ***150.00

DOCUMENT # P06000012467 1. Entity Name STEPS TOWING SERVICE ST. PETERSBURG INC					
Principal Place of Business 9602 US HWY 92 TAMPA, FL 33610		Mailing Address 9602 US HWY 92 TAMPA, FL 33610			
2. Principal Place of Business - No P.O. Box # 8900 49th. ST. No.		3. Mailing Address Suite, Apt. #, etc.			
City & State PINELLAS PARK, FL.		City & State			
Zip 33782		Country U.S.A.		4. EEI Number 03-0577506	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STEPP, JIM 9602 US HWY 92 TAMPA, FL 33610			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (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. <input type="checkbox"/> \$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	D STEPP, JIM <input checked="" type="checkbox"/> Delete 9602 US HWY 92 TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY ST ZIP	D Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES E. STEPP 9602 E. HWY. 92 TAMPA, FL. 33610	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judith A. STEPP 9602 E. HWY. 92 TAMPA, FL. 33610	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TODD E. STEPP 9602 E. HWY. 92 TAMPA, FL. 33610	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TAMMY K. STEWART 9602 E. HWY. 92 TAMPA, FL. 33610	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES L. STEPP 9602 E. HWY. 92 TAMPA, FL. 33610	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Judith A. Stepp</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			813- 621-8651 Date: _____ Daytime Phone: _____		

40029343



01252007 Chg-P CR2E034 (12/06)