

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90030 020 ***150.00

DOCUMENT # P06000018215

1. Entity Name
STEELE, INC.



Principal Place of Business
P.O. BOX 819
DESTIN FL 32540

Mailing Address
P.O. BOX 819
DESTIN FL 32540



2. Principal Place of Business - No P.O. Box #
10343 East Co. Hwy 30A
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 819
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Seacrest Beach FL
Zip
32413

City & State
Destin, FL
Zip
32540

Country
USA

4. FEI Number
204294808

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLEET, BART
1104 EGLIN PARKWAY
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name
Marlaina Ginger Altamura
Street Address (P.O. Box Number is Not Acceptable)
10343 East Co. Hwy 30A
City
Seacrest Beach **FL** Zip Code
32413

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 **Marlaina G. Altamura** **Marlaina Ginger Altamura** **Apr 12, 2007**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
D ALTAMURA, GINGER M P.O. BOX 819 DESTIN FL 32540	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: **Marlaina G. Altamura** **Marlaina G. Altamura** **Apr 12, 2007** **850.585-2239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #