

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

04-18-2007 90153 014 ***150.00

DOCUMENT # P06000021550			
1. Entity Name STEVE D ELECTRIC INC.			
Principal Place of Business 4132 SW TUMBLE ST. PORT ST. LUCIE, FL 34953		Mailing Address 4132 SW TUMBLE ST. PORT ST. LUCIE, FL 34953	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 233	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Stuart, Florida	
Zip	Country	Zip 34953	Country USA
4. FEI Number 74-3179208		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIMANCHE, STEVE F 4132 SW TUMBLE ST. PORT ST. LUCIE, FL 34953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Steve Dimanche</u> DATE: <u>4/15/07</u> (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering))			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DIMANCHE, STEVE F 4132 SW TUMBLE ST. PORT ST. LUCIE, FL 34953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Steve Dimanche</u> DATE: <u>4/15/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			