

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000048724

Entity Name: STEVE WARE INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2064 SHADOW LANE  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2064 SHADOW LANE  
CLEARWATER, FL 33763

**New Mailing Address:**

PO BOX 6122  
CLEARWATER, FL 33758

FEI Number: 20-4635009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED CORPORATE AGENTS, INC  
612 S. MARTIN LUTHER KING JR. AVE.  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,S  
Name: WARE, STEVEN M  
Address: 2064 SHADOW LANE  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN WARE

PS

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date