FILED May 29, 2008 8:00 am Secretary of State

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	ANNUAL	REPORT	•,

DOCUMENT # P07000116194 1. Entity Name STEVE STAGE CONSTRUCTION, INC.					04-29-2008	3 90092 034	1 ***1.	50.00		
Principal Place of Business Mailing		Mailing Address	failing Address		ı					
		1561 PASSAIC AVE FORT MYERS, FL 339	1561 PASSAIC AVE FORT MYERS, FL 33901 US			12635	191 li 201 li 201 di 201 e	TT 1811 A	1 (T 91) P9 P1	
Principal Place of Business · No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142008	Chg-P	CR2E034	(12/06)			
City & State		City & State		4. FEI Numb	°26-129	1419	_	oplied For ot Applicable		
Zip	Country	Žip	Zip Countr		5. Certificate of Status Desired Security Securi					
	6. Name and Address of Current	Registered Agent,		Namo	7Name.and	Address of New.R	Registered Age	nt	·	
STAGE, S				Street Address (P.O. Box Number is Not Acceptable)						
1561 PASS	SAIC AVE ERS, FL 33901			Street Address (I	O. Box Numu	er is Not Acceptable	e) 			
,					_				i	
	, j			City			FL	Zip Cod	e	
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 Signature, typed or privated name of registarian agent and title if applicable. (NOTE, Registered Agent signature required when retinateting) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND		11,		ADDITIONS	/CHANGES TO OFF				
TITLE HAME	P STAGE, STEVEN W	☐ Delete	TITL					Change	Addition	
STREET ADDRESS	• · · · · · · · · · · · · · · · · · · ·			EET ADDRESS					Į	
CITY-ST-ZIP	FORT MYERS, FL 33901			-ST-ZIP						
TITLE NAME		Defete	TITLE				L	Change	Addition	
STREET ADDRESS			1	EET ADORESS						
CITY-ST-ZIP		Octobe		-51-ZP				Change	Addition	
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NAME		La occie	NAM	-			_	- CHENIQUE		
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IIILE		☐ Delete	TITL					Change	Addition	
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TITLE		☐ Delete	ПТЦ					Change	Addition	
NAME			NAM	E				-	_	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 chapter 607, or on an attachment with an address, with all other liketempowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED DOOR OF PICER OR DIRECTOR DOOR DRIVETOR PROTER PROTECT PROTE										