

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90009 011 \*\*\*150.00

**DOCUMENT # P07000122778**

1. Entity Name

STEVEN A. VICKERS INC.



Principal Place of Business

5216 5TH ST W  
LEHIGH FL 33971

Mailing Address

5216 5TH ST W  
LEHIGH FL 33971



2. Principal Place of Business - No P.O. Box #

5216 5th St. W

3. Mailing Address

5216 5th St. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

74-3251354

☒ Applied For

☐ Not Applicable

Zip

33971

Country

USA

Zip

33971

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VICKERS, STEVEN A  
5216 5TH ST W  
LEHIGH FL 33971

7. Name and Address of New Registered Agent

Name Steven A Vickers

Street Address (P.O. Box Number is Not Acceptable)

5216 5th St. W

City Lehigh Acres

FL

Zip 33971

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President/Chairman ☐ Delete  
NAME Steven A. Vickers  
STREET ADDRESS 5216 5th St. W  
CITY-STATE-ZIP Lehigh Acres, FL 33971

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE Secretary/Treasurer ☐ Delete  
NAME Angela R. Vickers  
STREET ADDRESS 5216 5th St. W  
CITY-STATE-ZIP Lehigh Acres, FL 33971

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #