

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90106 019 ***150.00

DOCUMENT # P93000005820 1. Entity Name STEAM-MASTER SOUTHEAST, INC.			
Principal Place of Business 2887 W. THARPE ST. SUITE A TALLAHASSEE, FL 32303		Mailing Address 2887 W. THARPE ST. SUITE A TALLAHASSEE, FL 32303	
2. Principal Place of Business 2887-A W. Tharpe St		3. Mailing Address 2887-A W. Tharpe St.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32303		Zip 32303	
Country USA		Country USA	
4. FEI Number 59-3160471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPPELL, ERIC L 1423 RICHEL DR. PORT ORANGE, FL 32129		7. Name and Address of New Registered Agent Name Chappell, Eric L Street Address (P.O. Box Number is Not Acceptable) 2887-A West Tharpe St City Tallahassee FL Zip Code 32303	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CHAPPELL, ERIC 920 CHESTWOOD DR. TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Chappell Eric 2887-A West Tharpe St. Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHAPPELL, TAHIRIH 920 CHESTWOOD DR. TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Chappell, Tahirih 2887-A West Tharpe St. Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAIN, JEAN FRANCOIS 129 WHEATHERBINE WAY TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Main, Jean Francois 1200 Sedgefield Rd. Tallahassee, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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:		3.5.06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	