


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 005 ***150.00

DOCUMENT # P94000035840	
1. Entity Name STEPPE BY STEPPE SERVICES, INC.	

Principal Place of Business 16681 MCGREGOR BLVD. SUITE#201 FORT MYERS FL 33908 US	Mailing Address 12703 SUMMERWOOD DRIVE FORT MYERS FL 33908 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16681 McGregor Blvd	
Suite, Apt. #, etc. same		Suite, Apt. #, etc. Suite #201	
City & State same		City & State St Myers FL	
Zip 33908	Country Lee	Zip 33908	Country Lee

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0491078		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 OSTIGUY, SHARON L 5102 SW COURTYARDS WAY CAPE CORAL FL 33914		7. Name and Address of New Registered Agent Name Sharon L. Ostiguy Street Address (P.O. Box Number is Not Applicable) 16681 McGregor Blvd Ste 201 City St. Myers FL Zip Code 33908

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 *Sharon L. Ostiguy* (NOTE: Registered Agent signature required when re-registering) DATE 2-1-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP	PD BINGA, THERESA 17517 PHLOX DR. FORT MYERS FL 33967 <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	STD OSTIGUY, SHARON L 5102 SW COURTYARDS WAY CAPE CORAL FL 33914 <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
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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: *Sharon L. Ostiguy* DATE 2-1-07 239-466-7837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR