2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90122 045 ***158.75

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1. Entity Name

STEPPE BY STEPPE SERVICES, INC.

Principal Place of Business	Mailing Address
16681 MCGREGOR BLVD. SUITE#201 FORT MYERS FL 33908 US	16681 MCGREGOR BLVD STE 201 FORT MYERS FL 33908 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18025 Laurel Valley	18011 S Tamiami Trail
	Suite, Apt. #, etc. Ste 16 PMB101F
Ft Myers FL	City & State Ft Myers FL
Zip 33967 Country Lee	Zip 33908 Country Lee

4. FEI Number 65-0491078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~OSTIGUY, SHARON L 16681 MCGREGOR BLVD STE 201 FORT MYERS FL 33908~~	Name Theresa Binga 18025 Laurel Valley Ft. Myers FL 33967

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 Theresa Binga Theresa Binga 3/23/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BINGA, THERESA		NAME	Binga, Theresa	
STREET ADDRESS	17517 PHLOX DR.		STREET ADDRESS	18025 Laurel Valley	
CITY-ST-ZIP	FORT MYERS FL 33967		CITY-ST-ZIP	Fort Myers FL. 33967	
TITLE	STD	☒ Delete	TITLE	STD	☐ Change ☒ Addition
NAME	OSTIGUY, SHARON L		NAME	Robert Binga	
STREET ADDRESS	5102 SW COURTYARDS WAY		STREET ADDRESS	18025 Laurel Valley	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP	Fort Myers FL 33967	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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: Theresa Binga 3/23/08 239-466-7837
Robert Binga 3/23/08 239-466-7837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #