

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90185 015 \*\*\*150.00

DOCUMENT # P94000041637

1. Entity Name

STEVEN SELLERS CONTRACTING INC.

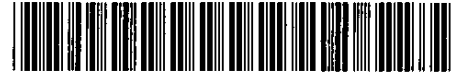


Principal Place of Business

4100 NW 58TH LANE  
BOCA RATON FL 33496  
US

Mailing Address

4100 NW 58TH LANE  
BOCA RATON FL 33496  
US



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

950 Peninsula Corporate Circle

Suite, Apt. #, etc.

1004

City & State

Boca Raton FL

Zip

33487

Country

USA

3. Mailing Address

950 Peninsula Corporate Circle

Suite, Apt. #, etc.

1004

City & State

Boca Raton FL

Zip

33487

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0508371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SELLERS, STEVEN  
4100 NW 58TH LANE  
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name  
Steven Sellers

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

950 Peninsula Corporate Circle

Suite 1004

City

Boca Raton

FL

Zip Code

33487

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 reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SELLERS, STEVEN  
4100 NW 58TH LANE  
BOCA RATON FL 33496 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #