

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90015 036 ***150.00

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1. Entity Name

STEP II, INC.



Principal Place of Business

13705 MARTIN LUTHER KING BLVD
ALACHUA FL 32615
US

Mailing Address

PO BOX 369
ALACHUA FL 32616
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3266639

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

BURKETT, BARBARA A ESQ
2830 NW 41ST ST
SUITE I
GAINESVILLE FL 32606

Name

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

City

FL

Zip Code

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	PRUITT, MICHAEL L.	
STREET ADDRESS	805 S.W. 23RD AVENUE	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CEMBRUCH, LINDA L	
STREET ADDRESS	RT 1 BOX 3225	
CITY-ST-ZIP	FT WHITE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLEMONS, DONALD R.	
STREET ADDRESS	26228 NW CR 239	
CITY-ST-ZIP	ALACHUA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CLEMONS, MARTHA I.	
STREET ADDRESS	26228 NW CR 239	
CITY-ST-ZIP	ALACHUA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, PATRICIA G	
STREET ADDRESS	805 SW 23RD AVENUE	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CEMBRUCH, FRANK J SR	
STREET ADDRESS	RT 1 BOX 3225	
CITY-ST-ZIP	FT WHITE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Music mngr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	cynthia Crawford	
STREET ADDRESS	805 SW 23 Ave	
CITY-ST-ZIP	High Springs, FL 32643	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

012604 (386) 454-8565