

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P95000065148**

1. Entity Name  
**THE STEAM TEAM OF N.W. FLA., INC.**



Principal Place of Business  
**532 S. BONITA AVENUE  
PANAMA CITY, FL 32401 US**

Mailing Address  
**P.O. BOX 802  
PANAMA CITY, FL 32402 US**



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3330104**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GROSS, MARK  
532 S BONITA AVE.  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GROSS, MARK
STREET ADDRESS	532 S BONITA AVENUE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	V
NAME	GROSS, CINDY
STREET ADDRESS	532 S BONITA AVENUE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	T
NAME	GROSS, DONNA
STREET ADDRESS	2611 COUNTRYCLUB DRIVE
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	S
NAME	GROSS, FRANK
STREET ADDRESS	2611 COUNTRY CLUB DR
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000185569  
01/21/05-80021-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Mark Gross** **MARK GROSS** **P** **1/18/05** **(850) 271-1667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #