

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2006 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



04222006 No Chg-P CR2E034 (11/05)

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

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000533174
05/06/06-80115-003 150.00

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	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 #

4124106 (258) 271-1667