

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 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**



04142007 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**

**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 renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
**2811 COUNTRYCLUB DRIVE**  
CITY-ST-ZIP  
**LYNN HAVEN, FL**

TITLE  
**S**  
NAME  
**GROSS, FRANK**  
STREET ADDRESS  
**2811 COUNTRY CLUB DR**  
CITY-ST-ZIP  
**LYNN HAVEN, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/30/07-80011-025 150.00

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: Mark Gross  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07 (850) 271-1667  
Date Daytime Phone #