


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000055143	
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
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DO NOT WRITE IN THIS SPACE



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3330104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000914592 05/08/08-80060-023 150.00
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10. OFFICERS AND DIRECTORS

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

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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 P Gross* **4/20/08** **(850) 291-1667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #