## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000065148

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( ) Delete

LYNN HAVEN, FL

GROSS, FRANK

LYNN HAVEN, FL

Address:

Title:

Name:

Address:

City-St-Zip:

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FILED Apr 11, 2009 Secretary of State

Entity Name: THE STEAM TEAM OF N.W. FLA., INC. **Current Principal Place of Business: New Principal Place of Business:** 532 S. BONITA AVENUE PANAMA CITY, FL 32401 US **Current Mailing Address: New Mailing Address:** P.O. BOX 802 PANAMA CITY, FL 32402 US FEI Number: 59-3330104 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GROSS, MARK 532 S BÓNITA AVE. PANAMA CITY, FL 32401 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition GROSS, MARK GROSS, MARK Name: Name: 532 S BONITA AVENUE 532 S BONITA AVENUE Address: Address: City-St-Zip: PANAMA CITY, FL City-St-Zip: PANAMA CITY, FL 32401 Title: Title: () Delete (X) Change ( ) Addition Name: GROSS, CINDY Name: GROSS, CINDY 532 S BONITA AVENUE 532 S BONITA AVENUE Address: Address: PANAMA CITY, FL PANAMA CITY, FL 32401 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete GROSS, DONNA GROSS, DONNA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: CINDY GROSS ٧ 04/11/2009

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LYNN HAVEN, FL 32444

(X) Change ( ) Addition

LYNN HAVEN, FL 32444

GROSS, FRANK