

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000001202

1. Entity Name
C.L. STEINER, INC.



Principal Place of Business
1133 W CENTRAL BLVD
ORLANDO, FL 32801

Mailing Address
1133 W CENTRAL BLVD
ORLANDO, FL 32801



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3366543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NOE, RONALD T
7921 GILLIAM RD
PO BOX 165
ORLANDO, FL 32710

**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 *Ronald T. Noe*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
NOE, RONALD T
7921 GILLIAM RD PO BOX 165
CLARCONA, FL 32710

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
TALKINGTON, JOHN B
803 TIMORE
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
NOE, MARCIA A
7921 GILLIAM RD PO BOX 165
CLARCONA, FL 32710

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SCHLEGEL, ROBERT
1114 M FLORAL WAY
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD 3-2-05

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**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)(f), 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 *Marcia A Noe* MARCIA A NOE MARCH 15 05 407.425.5528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #