
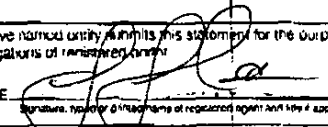
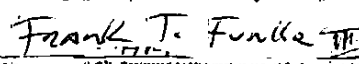
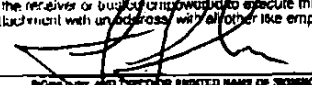
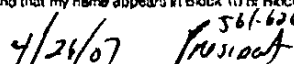


FILED
May 22, 2007 8:00 am
Secretary of State

04-30-2007 90447 022 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000071096			
1. Entity Name LADY STEPH SPORT FISHING TEAM INC.			
Principal Place of Business P O BOX 240 JUPITER, FL 33468-0240		Mailing Address P O BOX 240 JUPITER, FL 33468-0240	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt # etc	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FH Number 65-0695817		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUNKE, FRANK T III 8391 160TH COURT NORTH WEST PALM BEACH, FL 33418		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Applicable)		Street Address (P.O. Box Number is Not Applicable)	
City		City	
Zip Code		Zip Code	
8. The above named entity admits 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 	
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ()	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS FUNKE, FRANK T III PO BOX 240 JUPITER, FL 33468 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim HARMON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1114 PIT-A-PA7 ROAD Kershaw SC 29067 Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	
Date: _____		Date: 4/26/07	
Printed Name of Signing Officer or Director: Frank Funke		Printed Name of Signing Officer or Director: Kim Harmon	