

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90073 045 \*\*\*158.75

**DOCUMENT # P97000027476**

1. Entity Name  
**STEFFIMAD, INC.**



40072180



04052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3433845**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SEMBLER, M. STEVEN**  
**11300 FOURTH STREET, NORTH**  
**STE. 200**  
**ST. PETERSBURG, FL 33716**

**7. Name and Address of New Registered Agent**

Name **SEMBLER INVESTMENTS, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**11300 4th St. N., Suite 200**

City **St. Petersburg**

**FL**

Zip Code  
**33716**

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

*Julie V. Fanelli*

**Julie V. Fanelli**

**4/17/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
NAME **DPST** ☐ Delete  
STREET ADDRESS **SEMBLER, M. STEVEN**  
CITY - ST - ZIP **11300 FOURTH STREET, NORTH, SUITE 200**  
**ST. PETERSBURG, FL 33716**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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CITY - ST - ZIP

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NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

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:

*M. Steven Sembler*

**M. Steven Sembler**

**4/17/07**

**727 577 5522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #