

~~2004~~ FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000108441

1. Entity Name

WILMON RAY STEVENSON, BUILDER, INC.



Principal Place of Business

5555 EAST STEVENSON COURT  
INVERNESS, FL 34452

Mailing Address

5555 EAST STEVENSON COURT  
INVERNESS, FL 34452

FILED  
May 03, 2004 08:00 AM  
Secretary of State



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3489369

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, TIMOTHY A ESQ  
SAVAGE KRIM & SIMONS, P.A.  
121 NW 3RD STREET  
OCALA, FL 34475

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEVENSON, RAY
STREET ADDRESS	5555 EAST STEVENSON COURT
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000148104  
05/03/04-80138-012 150.00

**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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.04

Date

352.726.9475

Daytime Phone #