

2007 FOR PROFIT CORPORATION ANNUAL REPORT


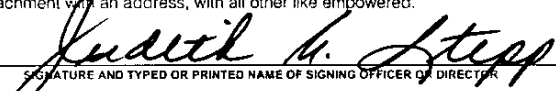
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Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90002 026 ***150.00

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01252007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000000421					
1. Entity Name STEPP'S TRANSPORTATION SERVICE, INC.					
Principal Place of Business 5014 56TH ST TAMPA, FL 33610			Mailing Address 9602 E HWY 92 TAMPA, FL 33610		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3483970	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEPP, JAMES E 9602 E. U.S. HIGHWAY 92 TAMPA, FL 33610			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STEPP, JAMES E 9602 E. U.S. HIGHWAY 92 TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Pres- JAMES E. STEPP 9602 E. HWY. 92 TAMPA, FL. 33610	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STEPP, JAMES L 9602 E. U.S. HIGHWAY 92 TAMPA, FL 33610	<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	D STEWART, TAMMY 9602 E. U.S. HIGHWAY 92 TAMPA, FL 33610	<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	D STEPP, JUDITH A 9602 E. U.S. HIGHWAY 92 TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D V.T. Judith A. STEPP 9602 E. HWY. 92 TAMPA, FL. 33610	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STEPP, RANDY J 9602 E. U.S. HIGHWAY 92 TAMPA, FL 33610	<input checked="" 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	D STEPP, TODD 9602 EAST U.S. HIGHWAY 92 TAMPA, FL 33610	<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: 			813-621-8651		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		