


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000046323**  
 1. Entity Name  
**STEPHENS BEACH SERVICE, INC.**



Principal Place of Business      Mailing Address  
 315 N HWY 79                      POB 20293  
 PANAMA CITY BEACH, FL 32413      PANAMA CITY, FL 32417

**DO NOT WRITE IN THIS SPACE**



04102008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3518021</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**BRADLEY, STEPHENS W**  
**315 N HIGHWAY 79**  
**PANAMA CITY BEACH, FL 32413**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

1100000899436  
 04/28/08-80039-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, BRADLEY 315 N HIGHWAY 79 PANAMA CITY, FL 32413
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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:**  **Brad Stephens**    4-14-08    850-219-3440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #