

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

2007 SEP 14 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000087136			
1. Entity Name STEPHENS GRADING SERVICE, INC.			
Principal Place of Business 35633 JOHNS LANE EUSTIS, FL 32736 US		Mailing Address 35633 JOHNS LANE EUSTIS, FL 32736 US	
2. Principal Place of Business - No P.O. Box # Grading Service		3. Mailing Address 35633 Johns Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Eustis FL	
Zip 32736	Country Lake	Zip 32736	Country Lake
4. FEI Number 59-3541666		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 STEPHENS, MICHAEL N 35633 JOHNS LANE EUSTIS, FL 32736		7. Name and Address of New Registered Agent 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 <i>Mary Stephens</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	PD STEPHENS, MICHAEL N 35633 JOHNS LANE EUSTIS, FL 32736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400109774414 09/21/07--01068--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Stephens <input type="checkbox"/> Delete Pres.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400109774414 09/21/07--01068--015 **400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Stephens <input type="checkbox"/> Delete V. Pres (2nd Add)	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: <i>Mary Stephens</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9-5-07 357-1875 Date Daytime Phone #	