

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-16-2004 90018 001 ***211.25
P98000100545

FILED

04 JUN 22 AM 11:03

SECRETARY OF STATE
66428276
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100545

1. Entity Name
STEC CONSTRUCTION, INC.



Principal Place of Business
7000 PINE FOREST ROAD
SUITE D
PENSACOLA, FL 32526

Mailing Address
7000 PINE FOREST ROAD
SUITE D
PENSACOLA, FL 32526

DO NOT WRITE IN THIS SPACE



03012003 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3546109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KNIGHT, STENSON JR 7000 PINE FOREST ROAD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNIGHT, STENSON JR 7000 PINE FOREST RD STE D PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

Signature

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #