


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90004 043 ***150.00

DOCUMENT # P99000000630 1. Entity Name STEVAR PROPERTY DEVELOPMENT INC.	
---------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 6222 TOWER LANE DR STE A-8 SARASOTA, FL 34240	Mailing Address 6222 TOWER LANE DR STE A-8 SARASOTA, FL 34240
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

44002100



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0895348	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

**VARDAMAN, STEVE O
4264 PRAIRIE VIEW DR
SARASOTA, FL 34232**

**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, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARDAMAN, STEVE 4264 PRAIRIE VIEW DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGER, ERIC P.O. BOX 1742 NOKOMIS, FL 34274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JERRY L. BUSIERG SECRETARY / TREASURER JERRY L. BUSIERG 4503 15TH ST. CT. E. ELLENDEN, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____ **1/13/04** **941-379-6226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #