

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90011 017 ***150.00

DOCUMENT # P99000019306

1. Entity Name

WILLIAM C. STEVENSON, INCORPORATED



Principal Place of Business

Mailing Address

8142 B.W. STEVENSON ROAD
BROOKSVILLE FL 34613

8142 B.W. STEVENSON ROAD
BROOKSVILLE FL 34613

2. Principal Place of Business

17714 Side Camp rd.

Suite, Apt. #, etc.

3. Mailing Address

17714 Side Camp rd.

Suite, Apt. #, etc.

City & State

West Bay, FLA

Zip
32413

Country
USA

City & State

West Bay, FL.

Zip
32413

Country
USA

4. FEI Number

59-3569051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENSON, WILLIAM C
8142 B.W. STEVENSON ROAD
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

Name William C Stevenson

Street Address (P.O. Box Number is Not Acceptable)
17714 Side Camp Rd.

City West Bay

FL

Zip Code
32413

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 William C Stevenson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME STEVENSON, WILLIAM C
STREET ADDRESS 8142 B.W. STEVENSON ROAD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE V ☐ Delete
NAME STEVENSON, ROBERT W
STREET ADDRESS 8142 B.W. STEVENSON ROAD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE V ☐ Delete
NAME STEVENSON, MICHAEL A
STREET ADDRESS 8142 B.W. STEVENSON ROAD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ Addition
NAME William C. Stevenson
STREET ADDRESS 17714 Sidecamp Rd
CITY-ST-ZIP West Bay FL 32413

TITLE V ☒ Change ☐ Addition
NAME Robert W. Stevenson
STREET ADDRESS 17714 Sidecamp Rd
CITY-ST-ZIP West Bay FL 32413

TITLE V ☒ Change ☐ Addition
NAME Michael A. Stevenson
STREET ADDRESS 17714 Sidecamp Rd
CITY-ST-ZIP West Bay FL 32413

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE: William C Stevenson President

2-18-04

850 814-1951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #