

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90388 016 \*\*\*150.00

**DOCUMENT # P99000105777**

1. Entity Name  
**STEAM TURBINE ENGINEERING AND MAINTENANCE,  
INC.**



Principal Place of Business  
**891 NISSEN DRIVE  
FERNANDINA BEACH, FL 32034**

Mailing Address  
**PO BOX 15010  
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE IN THIS SPACE**

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3611427**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCCARTHY, DANIEL  
891 NISSEN DRIVE  
FERNANDINA BEACH, FL 32034**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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	<b>P MCCARTHY, DANIEL 891 NISSEN DRIVE FERNANDINA BEACH, FL 32034</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MCCARTHY, DEBORAH 891 NISSEN DRIVE FERNANDINA BEACH, FL 32034</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MCCARTHY, SEAN D 891 NISSAN DR FERNANDINA BEACH, FL 32034</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:** Deborah McCarthy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 904-321-1946  
Date Daytime Phone #