2005 FOR PROFIT CORPORATION ANNUAL REPORT

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORE

Secretary of State DOCUMENT # S43350 01-25-2005 90046 032 ***150.00 1. Entity Name STEVENS' ENTERPRISES OF VERO BEACH, INC. Principal Place of Business Mailing Address 1900 NE 50 TH AVE 1900 NE 50 TH AVE OCALA, FL 34470 OCALA, FL 34470 2. Principal Place of Business 3. Mailing Address 7511 E Magger <u>)511</u> P Suite, Apt. #, etc 01112005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Inversess 65-0253661 Inverness Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 34450 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Struens Paul Gilber STEVENS, PAUL GILBERT Street Address (P.O. Box Number is Not Acceptable 1900 NE 50TH AVE. OCALA, FL 34470 Zip Code 34450 City 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 aga SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change TITLE NAME paul Stevens STEVENS, DONNA NAME 7511 E Massee C+ 1900 NE 50TH AVE. STREET ADDRESS STREET ADDRESS OCALA, FL 34470 CITY-ST-ZIP CITY-ST-ZIP Invenness A 34450 Delete SUP Donna Change Change TITLE ☐ Addition Steuens NAME NAME 7511 E Massee Ct STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Defete TITLE TITLE NAME STREET ADDRESS 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 an address SIGNATURE:

FILED

Jan 25, 2005 8:00 am