

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90211 021 ***150.00

DOCUMENT # S43350

1. Entity Name

STEVENS' ENTERPRISES OF VERO BEACH, INC.



Principal Place of Business

7511 E. MAGGEE CT
INVERNESS FL 34450
US

Mailing Address

7511 E. MAGGEE CT
INVERNESS FL 34450
US



2. Principal Place of Business - No P.O. Box #

879 N Horse Prairie Rd

Suite, Apt. #, etc.

3. Mailing Address

879 N Horse Prairie Rd

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Inverness FL

City & State

Inverness FL

4. FEI Number

65-0253661

Applied For

Not Applicable

Zip

34450

Country

US

Zip

34450

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, PAULN G
7511 E. MAGGEE CT
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name

Stevens Paul G

Street Address (P.O. Box Number is Not Acceptable)

879 N Horse Prairie Rd

City

Inverness

FL

Zip Code

34450

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]

Paul Stevens

4/9/07

(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, 2007 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: SVP
NAME: STEVENS, DONNA
STREET ADDRESS: 7511 E. MAGGEE ST
CITY- ST- ZIP: INVERNESS FL 34450 ☐ Delete

TITLE: TP
NAME: STEVENS, PAUL
STREET ADDRESS: 7511 E. MAGGEE CT
CITY- ST- ZIP: INVERNESS FL 34450 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: SVP ☒ Change ☐ Addition
NAME: Stevens Donna
STREET ADDRESS: 879 N Horse Prairie Rd
CITY- ST- ZIP: Inverness FL 34450

TITLE: TP ☒ Change ☐ Addition
NAME: Stevens Paul
STREET ADDRESS: 879 N Horse Prairie Rd
CITY- ST- ZIP: Inverness FL 34450

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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CITY- ST- ZIP: ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

Paul Stevens

4/9/07

(352)344-0998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #