## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S81734**

1. Entity Name

STEPHEN'S TECHNOLOGIES, INC.

US

FILED Jan 24, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

31004 HWY 27 LAKE HAMILTON, FL ,33851

211

P.O. BOX 478

LAKE HAMILTON, FL 33851

.....

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0281282

01152008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WILSON, GARY K. 4501 TAMIAMI TR NO. STE 400 NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent	urpose of changing its regi	istered office	e or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV BARTON, KENNETH 31004 HWY 27, PO BOX 478 LAKE HAMILTON, FL 33851					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BARTON, KENNETH 31004 HWY 27, PO BOX 478 LAKE HAMILTON, FL 33851					000000794846 01/28/08-80023-020 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP		•		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ken Barton Vislos

863-438-866

Daytime Phone #