2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V01128

1. Entity Name
STEVE RABOW, INC.

Principal Place of Business	Mailing Address
1717 2ND STREET	1717 2ND STREET
SUITE G	SUITE G
SARASOTA, FL 34236 US	SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE

04192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0307367	Not Applicable

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

6. Name and Address of Current Registered Agent

RABOW, STEPHEN D.
3931 ROBERTS POINT ROAD
SARASOTA, FL 34242

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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 4/18/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000744862
05/16/07-80006-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	RABOW, STEPHEN D.
STREET ADDRESS	3931 ROBERTS POINT ROAD
CITY-ST-ZIP	SARASOTA, FL 34242

TITLE	VT
NAME	RABOW, KIMBERLY
STREET ADDRESS	3931 ROBERTS POINT ROAD
CITY-ST-ZIP	SARASOTA, FL 34242

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941.954.9092

Date 4/18/07

Daytime Phone #