


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # V30525 1. Entity Name STEPKA INTERNATIONAL, INC.	
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Principal Place of Business P.O. BOX 50954 JACKSONVILLE BEACH, FL 32240	Mailing Address P.O. BOX 50954 JACKSONVILLE BEACH, FL 32240
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01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUTTO, MORGAN C., III 1628 - 3RD AVENUE NORTH JACKSONVILLE BEACH, FL 32240
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**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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTO, MORGAN C. 1628 - 3RD AVENUE NORTH JACKSONVILLE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPKA, RICHARD W 4010 CHIPLEY CT ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPKA, ANN C 4010 CHIPLEY CT ROSWELL, GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'TINGER, NANCY J 4954 SHILOH RD CUMMING, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, SAMUEL E 4816 VILLAGE SQUARE ACWORTH, GA 30102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000382124
01/11/06-80082-018.150.00

**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: *R.W. Stepka* - **R.W. STEPKA - PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06
Date

678-566-2566
Daytime Phone #