


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90051 005 ***150.00

DOCUMENT # P00000103212
 1. Entity Name
W. R. STEPHENSON INCORPORATED



Principal Place of Business Mailing Address
 1907 E GONZALEZ STREET 1907 E GONZALEZ STREET
 PENSACOLA FL 32501 PENSACOLA FL 32501

24024924



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
205 Old LEE Rd **205 Old LEE Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Wilmington Springs, NC **Wilmington Springs NC**
 Zip Country Zip Country
27592 **USA** **27592** **USA**

4. FEI Number Applied For
59-3687431 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEPHENSON, W-RAY
1907 E GONZALEZ STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: *W.R. Stephenson* DATE: **3-16-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P	<input type="checkbox"/> Delete
NAME	STEPHENSON, WILLIAM R	
STREET ADDRESS	1907 E GONZALEZ ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, BLAIR L	
STREET ADDRESS	1907 E. GONZALEZ ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, WILLIAM R	
STREET ADDRESS	1907 E GONZALEZ ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, WILLIAM R	
STREET ADDRESS	205 OLD LEE Rd.	
CITY-ST-ZIP	Wilmington Springs NC 27592	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, SHERRY	
STREET ADDRESS	5002 Longpoint Dr.	
CITY-ST-ZIP	Wilmington, NC 28409	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, ASHLEY G	
STREET ADDRESS	5002 Longpoint Dr.	
CITY-ST-ZIP	Wilmington, NC 28409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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, with all other like empowered.

SIGNATURE: *W.R. Stephenson Pres. W.R. Stephenson* DATE: **3-16-04** DAYTIME PHONE #: **919-605-4344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #