

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004479

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: STEWART-COOPER-NEWELL-ARCHITECTS, P.A.

**Current Principal Place of Business:**

719 E. SECOND AVENUE  
GASTONIA, NC 28054

**New Principal Place of Business:**

**Current Mailing Address:**

719 E. SECOND AVENUE  
GASTONIA, NC 28054

**New Mailing Address:**

FEI Number: 30-0055777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWELL, CLYDE  
1900 S. LAKE REEDY BLVD, P. O. BOX 124  
FROSTPROOF, FL 33843      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CS      ( ) Delete  
Name: STEWART, JAMES C  
Address: PO BOX 3646  
City-St-Zip: GASTONIA, NC 280533646

Title: TP      ( ) Delete  
Name: NEWELL, KENNETH C  
Address: 2969 KINGSBURY ROAD  
City-St-Zip: CLOVER, SC 29710

Title: VP      ( ) Delete  
Name: STUMBO, JAMES R  
Address: 246 WRIGHT ROAD  
City-St-Zip: KINGS MOUNTAIN, NC 28086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY CRISP

BM

02/12/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date