

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12434

FILED
Apr 30, 2004
Secretary of State

Entity Name: STEWART T.V. & APPLIANCES, INC.

Current Principal Place of Business:

24 WEST WASHINGTON STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

24 WEST WASHINGTON STREET
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-2435165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, JOHN M.
24 W. WASHINGTON ST.
QUINCY, FL 32351

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: VS () Delete
Name: STEWART, MARY J.,
Address: 24 WEST WASHINGTON ST.
City-St-Zip: QUINCY, FL

Title: PT () Delete
Name: STEWART, JOHN M.,
Address: 24 W. WASHINGTON ST.
City-St-Zip: QUINCY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change () Addition
Name: STEWART, MARY J MS
Address: 24 WEST WASHINGTON ST.
City-St-Zip: QUINCY, FL

Title: PT (X) Change () Addition
Name: STEWART, JOHN M MR
Address: 24 W. WASHINGTON ST.
City-St-Zip: QUINCY, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN M STEWART

PT

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date