


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000043160**  
 1. Entity Name  
**STUART LAND COMPANY, INC.**



Principal Place of Business <b>2504 SE WILLOUGHBY BLVD</b> <b>STUART, FL 34994 US</b>	Mailing Address <b>P O BOX 3</b> <b>STUART, FL 34995 US</b>
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**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0447013</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**CHAMBERLIN, JEFFREY D**  
**461 SW PINE TREE LANE**  
**PALM CITY, FL 34990**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

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

U00000106927  
 04/08/04 85036 014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSTON, BRYAN A JR. 5121 BURNING TREE CIRCLE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLIN, JEFFREY D 461 SW PINE TREE LANE PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 the rights empowered.

**SIGNATURE:**  **JEFFREY D. CHAMBERLIN** **4/5/04** **772-220-4096**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #