


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90069 023 \*\*\*150.00

**DOCUMENT # P93000043160**

1. Entity Name  
**STUART LAND COMPANY, INC.**



Principal Place of Business  
**2504 SE WILLOUGHBY BLVD**  
**STUART, FL 34994 US**

Mailing Address  
**P O BOX 3**  
**STUART, FL 34995 US**

2. Principal Place of Business - No P.O. Box #  
**2488 SE WILLOUGHBY BLVD.**

3. Mailing Address  
 Suite, Apt. #, etc. \_\_\_\_\_


City & State  
**STUART, FL**

City & State \_\_\_\_\_

Zip **34994** Country **US**

Zip \_\_\_\_\_ Country \_\_\_\_\_

40000-



01312007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0447013**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAMBERLIN, JEFFREY D**  
**461 SW PINE TREE LANE**  
**PALM CITY, FL 34990**

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.

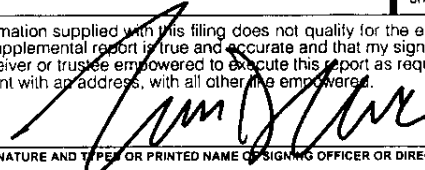
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POSTON, BRYAN A JR.</b> <b>5121 BURNING TREE CIRCLE</b> <b>STUART, FL 34997</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAMBERLIN, JEFFREY D</b> <b>461 SW PINE TREE LANE</b> <b>PALM CITY, FL 34990</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JEFFREY D. CHAMBERLIN** 4/2/07 772-220-4096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #