2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 208155

1. Entity Name
STEWART & SONS INSURANCE, INC.

Principal Place of Business	Mailing Address
8548 CRYSTAL CT. FORT MYERS, FL 33907 US	PO BOX 60029 FORT MYERS, FL 33906 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0817890
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, GARY
8548 CRYSTAL CT
FORT MYERS, FL 33907

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEWART, GARY W
STREET ADDRESS	8548 CRYSTAL CT.
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	VD
NAME	STEWART, JAMES R
STREET ADDRESS	8548 CRYSTAL CT.
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	SD
NAME	PORTER,SANDRA L.
STREET ADDRESS	8548 CRYSTAL CT.
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	T
NAME	SANFILIPPO, LINDA
STREET ADDRESS	8548 CRYSTAL CT
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 other like empowered.

SIGNATURE: _____ Jim R. STEWART V.P. 1/6/04 239-936-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #