

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 208155

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: STEWART & SONS INSURANCE, INC.

## Current Principal Place of Business:

8548 CRYSTAL CT.  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 60029  
FORT MYERS, FL 33906 US

## New Mailing Address:

FEI Number: 59-0817890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEWART, GARY  
8548 CRYSTAL CT  
FORT MYERS, FL 33907 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: PD ( ) Delete  
Name: STEWART, GARY W,  
Address: 8548 CRYSTAL CT.  
City-St-Zip: FORT MYERS, FL 33907

Title: VD ( ) Delete  
Name: STEWART, JAMES R,  
Address: 8548 CRYSTAL CT.  
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete  
Name: PORTER,SANDRA L.,  
Address: 8548 CRYSTAL CT.  
City-St-Zip: FORT MYERS, FL 33907

Title: T ( ) Delete  
Name: SANFILIPPO, LINDA  
Address: 8548 CRYSTAL CT  
City-St-Zip: FORT MYERS, FL 33907

## 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:

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

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: STEWART, JAMES R.

VD

01/06/2005

Electronic Signature of Signing Officer or Director

Date