


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90006 001 ***150.00

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| DOCUMENT # 480091 |  |
| 1. Entity Name STEWART LIGHTING, INC. | |

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| Principal Place of Business 8999 WESTERN WAY SUITE 100 JACKSONVILLE FL 32256 US | Mailing Address 8999 WESTERN WAY SUITE 100 JACKSONVILLE FL 32256 US |
|---|---|

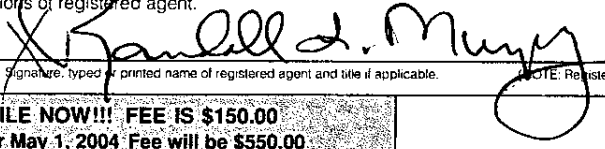
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| 2. Principal Place of Business 8999 Western Way | 3. Mailing Address SAME |
| Suite, Apt. #, etc. 100 | Suite, Apt. #, etc. SAME |

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| City & State JACKSONVILLE, Florida | City & State SAME |
| Zip 32256 | Country USA |
| Zip 32256 | Country SAME |

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| MOORE | CR2E034 (11/03) |
| 4. FEI Number 59-1609733 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MURPHY, RANDALL L 4431 BASS PL N JACKSONVILLE FL 32256 | |
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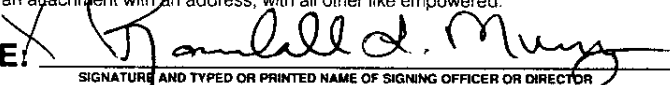
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|--|-----------------------------|
| 7. Name and Address of New Registered Agent Name: Same | |
| Street Address (P.O. Box Number is Not Acceptable) 705 Great Egret Way | |
| City Ponte Vedra Bch | Zip Code FL 32082 |

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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 1/26/04 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS MURPHY, RANDALL L 4431 BASS PL N JACKSONVILLE FL 32210 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LONGINO, STEVEN D 2402 MOLLY LANE GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS MURPHY, RANDALL L 705 Great Egret Way Ponte Vedra Bch, Florida 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAME |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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  | DATE 2/3/04 904-237-6286 |