

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # 539716

1. Entity Name
STUART BLUEPRINT, INC.



Principal Place of Business
**820 SE DIXIE HWY
STUART, FL 34994**

Mailing Address
**820 SE DIXIE HWY
STUART, FL 34994**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1752074

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE LA VEGA, JOY
1110 N.W. 15TH ST.
STUART, FL 34994**

**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

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, 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	VSD
NAME	DE LA VEGA, JOY
STREET ADDRESS	1110 NW 15TH ST.
CITY- ST- ZIP	STUART, FL
TITLE	P
NAME	DE LA VEGA, JOY
STREET ADDRESS	1110 NW 15TH ST.
CITY- ST- ZIP	STUART, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000007880
01/20/04-80041-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joy DeLaVega* **Joy DeLaVega**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2004 772-287-4376

Date Daytime Phone #