

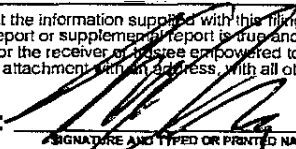


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 638780 1. Entity Name STEWART MOBILE HOME BROKERS, INC.			
Principal Place of Business 720 DEL ORO DRIVE SAFETY HARBOR, FL 34695		Mailing Address 720 DEL ORO DRIVE SAFETY HARBOR, FL 34695	
			
		01062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1957610	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNEY, WILLIAM H. 720 DEL ORO DRIVE SAFETY HARBOR, FL 34695			
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	000000408233 02/08/06-80051-007 150.00	
NAME	TURNEY, WILLIAM H		
STREET ADDRESS	720 DEL ORO DRIVE		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
TITLE	ST		
NAME	TURNEY, WILLIAM H.		
STREET ADDRESS	720 DEL ORO DRIVE		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
TITLE	VD		
NAME	SCHILTZ, MERRILL G.		
STREET ADDRESS	720 DEL ORO DRIVE		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
TITLE	D		
NAME	TURNEY, MARGARET E.		
STREET ADDRESS	720 DEL ORO DRIVE		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
TITLE	D		
NAME	SCHILTZ, ROEANN		
STREET ADDRESS	720 DEL ORO DRIVE		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		1/27/06 727-7252142	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	