

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 648538

1. Entity Name
STEWARTS' CLARCONA NURSERY, INC.



Principal Place of Business
**5826 GILLIAM ROAD
ORLANDO, FL 32818**

Mailing Address
**5826 GILLIAM ROAD
ORLANDO, FL 32818**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1959869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEWART, JEFFREY L.
5826 GILLIAM ROAD
ORLANDO, FL 32818**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000415922
02/11/06-80099-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
STEWART, CLETUS C.
7733 CLARCONA OCOEE RD.
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STEWART, JEFFREY L.
5826 GILLIAM RD.
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Jeffrey L. Stewart pres. 1/30/06 407 293 0320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #