ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F03000003925

1. Entity Name

R.A. STEWART & ASSOCIATES, INC.



FILED Feb 19, 2004 08:00 AM Secretary of State

Principal Place of Business

siness

7035 PORTMARNOCK PLACE BRADENTON, FL 34202 Mailing Address

7035 PORTMARNOCK PLACE BRADENTON, FL 34202



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 43-1655172 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, RUDOLPH A 7035 PORTMARNOCK PLACE BRADENTON, FL 34202

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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 Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE 13 \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000057225 02/19/04-80053-004	150.00
10.	OFFICERS AND DIRECT	OTORS.				
NAME STREET ADDRESS CITY-ST-ZIP	STEWART, RUDOLPH A 7035 PORTMARNOCK PLACE BRADENTON, FL 34202					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT STEWART, DARLENE N 7035 PORTMARNOCK PLACE BRADENTON, FL 34202					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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						

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 of 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:

SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04 (941) 907-8122