FILED 2005 FOR PROFIT CORPORATION ANNUAL REPORT Feb 03, 2005 08:00 AM Secretary of State

DOCUMENT # F03000003925 1. Entity Name R.A. STEWART & ASSOCIATES, INC.						Seci	retary	oi State	
Principal Place of Business 7035 PORTMARNOCK PLACE BRADENTON, FL 34202		7	iling Address D35 PORTMARNOCK PLACE RADENTON, FL 34202	Ξ,					
					14.1	01102005 No Chg-P CR2E034 (10/03)			
C	ONOT	WRITE IN	I THIS SPA	\CE	4. FEI Nun 43-16	nber 555172		Applied For Not Applicable	
	Commence of the commence of th	And the second s				ate of Status Desired		5 Additional equired	
7035 POR	6. Name and Ad T, RUDOLPH A ITMARNOCK PL ON, FL 34202	dress of Current Regist	ered Agent		•	NOT WE			
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 agenture required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STEWART, RUD 7035 PORTMAR BRADENTON, FI	NOCK PLACE	TORS				ර කිරීම ක්රි	and the second	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	DVT STEWART, DAR 7035 PORTMARI BRADENTON, FI	n e de de partir de l'estre de la constant	ر در المدولين عموالي الموالي	02/03/05-	9 0020-00	4 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DC	NOT WE	RITE	A STATE OF THE STA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				*********	IN.	THIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THE STATE OF THE S		en e	January and a strain and a stra			
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby of indicated of the cor changed,	certify that the information this report or supportation or the receive or on an attachment	ition supplied with this fill demental report is true a er or trustee empowered with an address, with all	ng does not qualify for the e nd accurate and that my sign to execute this report as rec other like empowered.	xemption stated in nature shall have the quired by Chapter	Section 119.07() he same legal eff 607, Florida Stati	 Florida Statutes. I fu fect as if made under oat utes; and that my name a 	rther certify that h; that I am an o ppears in Block	the information officer or director t 10 or Block 11 if	

(941)969-8122