2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000500

1. Entity Name
STEWART STAINLESS SUPPLY, INC.

Principal Place of Business	Mailing Address
3660 SWIFWATER PARK DRIVE SUWANEE, GA 30024	3660 SWIFWATER PARK DRIVE SUWANEE, GA 30024

01242008   No Chg-P   CR2E034 (11/05)

4. FEI Number 58-1497878	Applied For
	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEWART, FRED H
915 CHAD LANE STE
TAMPA, FL 33610

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	STEWART, FRED H
STREET ADDRESS	3660 SWIFTWATER PARK DRIVE
CITY-ST-ZIP	SUWANNEE, GA 30024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/29/08-80004-006 150.00

DO NOT WRITE 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: _____   2-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #