
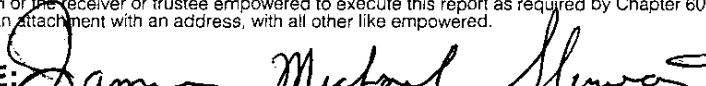


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90031 041 \*\*\*150.00

<b>DOCUMENT # G30226</b>			
1. Entity Name <b>J.M. STEWART CONSTRUCTION, INC.</b>			
Principal Place of Business <b>3256 APOLLO TRL. TALLAHASSEE FL 32309</b>		Mailing Address <b>3256 APOLLO TRL. TALLAHASSEE FL 32309</b>	
2. Principal Place of Business <b>2760 US Hwy 98</b> Suite, Apt. #, etc.		3. Mailing Address <b>2760 US Hwy 98</b> Suite, Apt. #, etc.	
City & State <b>LANARK FL</b>		City & State <b>LANARK FL</b>	
Zip <b>32322</b>		Country <b>FRANKLIN</b>	
6. Name and Address of Current Registered Agent <b>STEWART, JAMES M. 8024 MALLARD HILL LANE TALLAHASSEE FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPV STEWART, JAMES M. 8024 MALLARD HILL LANE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			