2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # G60689 1. Entity Name A. J. STEWART, JR., INC.					04-18-2005 90552 006 ***150.00				
Principal Place of Business N		Mailing Address	Mailing Address		2003569 5				
14915 WATERLINE RD Bradenton, FL 34212		14915 WATERLINE RD Bradenton, FL 34212					000		
DIVIDENTON	, 10 31212	01000E111011, 1E 34212	L		 	. Pilit Surid Gilbs (B210	tali alem emil emin emi		MERI IF FRA
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112005	Chg-P	CR2E034 (1	0/03)	
City & State		City & State			4. FEI Numbe 59-236				oplied For
Zip	Country	Zip	Country			of Status Desired		75 Add	litional
	6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Agen	Require t	<u>a </u>
			Nar	Name					
14915 WA	, ALBERT J., JR. TERLINE RD ON, FL 34212		Stre	cet Address (I	P.O. Box Number is Not Acceptable)				
010102111	ON, 12 04212								
		City	City			FL 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									
Signature, typed or printed name of registered agent and title if applicable. (NO1E: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND DIRE	CTOR	S IN 11
TITLE			TITLE	PP	Λ	Maria T	~ D	Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		NAME	Stel	wart, H	ibert 3.	., 2r.		
STRFET ADDRESS CITY-ST-ZIP			STREET ADDR	RICA	5 WATER	lbert J. Line Rd -L. 3421	¬		
TITLE	0.70		TITLE	U C	VII MUI, F	-1, 594		Change	Addition
NAME			NAME				L,	mangc	☐ Addillon
STREET ADDRESS	I .		STREET ADDR	ESS					
CITY+ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP						
TITLE	· · · 	🗀 Delete 🔭	TITLE -		-		· 🗖 (Change	Addition
NAME STREET ADDRESS		•	NAME STREET AODR	arce					
CITY+ST-ZIP			CITY+ST-ZIP	1					
TITLE	☐ Delete		TITLE					Change	☐ Addition
NAME	l u		NAME					-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR						
TITLE		☐ Delete	TITLE					Change	Addition
NAME	•		NAME				<u>.</u>		
STREET ADDRESS			STREET ADDR	l l					
CITY-ST-ZIP.	1 1		CITY-ST-ZIP						
TITLE NAME		Delete	TITLE					Change	☐ Addition
STREET ADDRESS	- ,		STREET ADDR	RESS					
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby o	ertify that the information supplied with	this filing does not qualify for t	the exemption	n stated in Sec	ction 119.07(3)(i	i), Florida Statutes	s. I further certify the	at the ir	formation

2. In nevery certify that the information supplied with this fluing does not equally 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 a prustee 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 attact them by the proposed of the corporation of th

SIGNATURE:

NATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECT

4/11/05 (941) 708-