2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J66527

1. Entity Name

R.L. STEWARD CONSTRUCTION, INC.



FILED May 06, 2008 08:00 AN Secretary of State

Principal Place of Business

MORRISTON, FL

MORRISTON, FL 32668

Mailing Address

17690 SE 63RD LANE MORRISTON, FL 32668



05042008

No Chq-P

CR2E034 (11/05)

4. FEI Number 59-2795408 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

STEWARD, RICHARD L. 17690 SE 63RD LANE MORRISTON, FL 32668

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 regetered agent and title if applicable. (NOTE: Registered Agent agnature required when renistating) DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution.	, 	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PT STEWARD, RICHARD L. 17690 SE 63RD LANE MORRISTON, FL 32668	ECTORS	U00000949420 06/03/08-80028-015 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWARD, SHARON 17690 SE 63RD LANE MORRISTON, FL 32668+					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP			4		,	
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 record or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

14. I nereby certify that the information supplied with this filling does not quality 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:

SIGNATURE AND TYPED OF PRINTED NAME OF FIGHING OFFICER OF TREE CO.

5/5/08- 352-528-438

Daytime Phone #