

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003163

Entity Name: STEWARTKNOWS, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

14044 13TH STREET  
DADE CITY, FL 33525 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 101  
THONOTOSASSA, FL 33592

## New Mailing Address:

FEI Number: 26-2300741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HUSBANDS, PATRICIA S ESQ.  
14044 13TH STREET  
DADE CITY, FL 33525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: CH.D ( ) Delete  
Name: STEWART, VIRGINIA A  
Address: 5156 CONROY ROAD, #1116  
City-St-Zip: ORLANDO, FL 32811 US

Title: BD ( ) Delete  
Name: GADDY, KIMBERLY L  
Address: 5156 CONROY ROAD, #1116  
City-St-Zip: ORLANDO, FL 32811 US

Title: CD ( ) Delete  
Name: JOHNSON, JULIE A  
Address: 3454 HILSON DR.  
City-St-Zip: LAKE LAND, FL 33812 US

Title: LD ( ) Delete  
Name: HUSBANDS, PATRICIA S ESQ.  
Address: 14044 13TH STREET  
City-St-Zip: DADE CITY, FL 33525 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH.D (X) Change ( ) Addition  
Name: STEWART, VIRGINIA A  
Address: 11902 GROVEWOOD AVENUE  
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: BD (X) Change ( ) Addition  
Name: GADDY, KIMBERLY L  
Address: 752 HOWLAND LN. #122  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA S. HUSBANDS

LD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date