

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000034856

1. Entity Name

ROY L. STEWART AGENCY, INC.



Principal Place of Business

190 IVES DAIRY ROAD STE 106  
NORTH MIAMI BEACH, FL 33179

Mailing Address

190 IVES DAIRY ROAD STE 106  
NORTH MIAMI BEACH, FL 33179



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1005344

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEWART, ROY L  
190 IVES DAIRY ROAD STE 106  
NORTH MIAMI BEACH, FL 33179

**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**  
**Due by September 7, 2005**

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.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STEWART, ROY L
STREET ADDRESS	190 IVES DAIRY ROAD STE 106
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	STEWART, TONI D
STREET ADDRESS	190 IVES DAIRY ROAD STE 106
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000370139  
07/05/05-80004-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Roy L. Stewart*  
Roy L. Stewart

0629105

305-654-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #