2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 29, 2004 08:00 AM DOCUMENT # P00000057040 **Secretary of State** DOUG STEWART REALTY, INC. Mailing Address Principal Place of Business **501 EAST OAK STREET 501 EAST OAK STREET** SUITE B SUITE B KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 04262004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3656841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, SCOTT D DO NOT WRITE **501 EAST OAK STREET** SUITE B IN THIS SPACE KISSIMMEE, FL 34744 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent alguables required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000139002 Trust Fund Contribution. Added to Fees 04/29/04-80103-002 300.00 10. OFFICERS AND DIRECTORS mu NAME STEWART, SCOTT D STREET ADDRESS 501 EAST OAK STREET SUITE B CITY-ST-ZIP KISSIMMEE, FL 34744 mie NAVE STREET ADDRESS City-ST-7IP IIILE NUM STREET ADDRESS DO NOT WRITE CITY-ST-73P MILE IN THIS SPACE NAM STREET ADVOCESS CITY-ST-ZIP mu NAME STREET ADDRESS

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 cath; 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:

CRTY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-789

OFFICER OR DIRECTOR

Daytime Phone #