


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90043 038 \*\*\*150.00

<b>DOCUMENT # P01000073427</b> 1. Entity Name <b>STEWART &amp; WELLINGTON OF BOCA RATON, INC.</b>					
Principal Place of Business <b>22011 PALM GRASS DR BOCA RATON, FL 33428</b>			Mailing Address <b>22011 PALM GRASS DR BOCA RATON, FL 33428</b>		
2. Principal Place of Business <b>377 TILFORD R</b> Suite, Apt. #, etc.		3. Mailing Address <b>377 TILFORD R</b> Suite, Apt. #, etc.			
City & State <b>DEERFIELD BEACH FL</b>		City & State <b>DEERFIELD BEACH FL</b>		4. FEI Number <b>65-1153746</b>	
Zip <b>33342</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STEINLAUF, BERNARD</b> <b>22011 PALM GRASS DR</b> <b>BOCA RATON, FL 33428</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T <b>STEINLAUF, BERNARD</b> <b>22011 PALM GRASS DR</b> <b>BOCA RATON, FL 33428</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEINLAUF, BERNARD</b> <b>377 TILFORD R</b> <b>DEERFIELD BEACH FL 33342</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/7/05</b> Daytime Phone #		

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