## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P01000098749 04-27-2006 90152 047 \*\*\*150.00 1. Entity Name W. L. STEWART & ASSOCIATES, INC. Principal Place of Business Mailing Address 4701 CRANSTON PLACE 4701 CRANSTON PLACE ORLANDO FL 32812 ORLANDO FL 32812 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3746608 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, WAYNE L Street Address (P.O. Box Number is Not Acceptable) 4701 CRANSTON PLACE ORLANDO FL 32812 City 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 Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 ☐ Change Stewart, Shawn Addition TITLE ☐ Delete TITLE NAME STEWART, WAYNE L NAME STREET ADDRESS 4701 CRANSTON PLACE STREET ADDRESS Orlando, FL 328/2-CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Addition NAME STEWART, BARBARA E NAME STREET ADDRESS 4701 CRANSTON PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP DILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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**FILED** 

(407)208-632