## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000001566

1. Entity Name STEWART ELECTRIC, INC.



Principal Place of Susiness

Mailing Address

1133 SUMMIT BLVD WEST PALM BEACH, FL 33405

1133 SUMMIT BLVD

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33405

## FILED Mar 15, 2004 08:00 AM Secretary of State



03022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 80-0029754 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, WAYNE E 1133 SUMMIT BLVD WEST PALM BEACH, FL 33405

## DO NOT WRITE IN THIS SPACE

				1101 11	HIS 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 at registered agent and title it	applicable (NOTE Registered	1 Agent signaturo	required when reinstating)	DATE	7
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TRILE NAME STREET ADDRESS CITY-ST-ZIP	DP STEWART, WAYNE E 1133 SUMMIT BLVD WEST PALM BEACH, FL 33405					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000089074 03/15/04-80077-024	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY STIZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 data my signature shall have the same legal effect as if made under eath; 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 impowered.

SIGNATURE

OUT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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