

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000045417

1. Entity Name

H.C. STEWART TRANSPORT, INC.



Principal Place of Business

14035 MASCOTTE EMPIRE ROAD
GROVELAND, FL 34736

Mailing Address

14035 MASCOTTE EMPIRE ROAD
GROVELAND, FL 34736



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

50-0002474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORACE C. STEWART
14035 MASCOTTE EMPIRE RD.
GROVELAND, FL 34736

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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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STEWART, HORACE C
STREET ADDRESS 14035 MASCOTTE EMPIRE RD.
CITY-ST-ZIP GROVELAND, FL 34736

TITLE S
NAME STEWART, TERESA S
STREET ADDRESS 14035 MASCOTTE EMPIRE RD.
CITY-ST-ZIP GROVELAND, FL 34736

TITLE T
NAME STEWART, TERESA S
STREET ADDRESS 14035 MASCOTTE EMPIRE RD.
CITY-ST-ZIP GROVELAND, FL 34736

TITLE
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CITY-ST-ZIP

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03/29/07-80035-014 150.00

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IN THIS SPACE**

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

SIGNATURE: *Teresa Stewart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07

Date

352-516-3346

Daytime Phone #