## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P03000063073 ~ 1. Entity Name 02-07-2007 90046 023 \*\*\*150.00 MICHELLE STEWART, P.A. Principal Place of Business q Mailing Address 1112 WOOD DUCK HOLLOW FRUIT COVE FL 32259 1112 WOOD DUCK HOLLOW FRUIT COVE FL 32259 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 130 CUELLO COURT 130 CUELLO COURT Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) # 201 <u># 201</u> City & State SILV & State HONTE VEDRA BEACH, FL 4. FEI Number Applied For 54-2114832 Not Applicable <sup>z</sup>32082 \$8.75 Additional USA 5. Contificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, MICHELE M STEWART, MICHELE M Address (P.O. Box Number is Not Acceptable) 1112 WOOD DUCK HOLLOW FRUIT COVE FL 32259 #201 zi**3**2082 PYINTENEDRA BEACH 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete HILE Change Addition STEWART, MICHELE M STEWART, MICHELE M NAMI 130 CUELLO COURT #201 1112 WOOD DUCK HOLLOW STREET ADDRESS STREET ADDRESS FRUIT COVE FL 32259 CITY-ST-ZIP CITY - ST-7IP POWE UEDRA BEACH, FL 320<u>8</u>2 TITLE ☐ Defete DILE Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY ST 7iP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DHE ☐ Delete RHE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete HILE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 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. Downto

FILED

Date:

Daytime Phone #