

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90059 031 ***150.00

DOCUMENT # P03000111407

1. Entity Name

JOHN D. STEWART, GENERAL CONTRACTOR, INC.



Principal Place of Business

9114 OLD CHEMONIE ROAD
TALLAHASSEE FL 32309

Mailing Address

9114 OLD CHEMONIE ROAD
TALLAHASSEE FL 32309

2. Principal Place of Business

9114 OLD CHEMONIE RD

Suite, Apt. #, etc.

3. Mailing Address

9114 OLD CHEMONIE RD

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TALLAHASSEE FLA.

Zip

32309

Country

USA

City & State

TALLAHASSEE FLA.

Zip

32309

Country

USA

4. FEI Number

11-3705706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, JOHN M
9179 OLD CHEMONIE ROAD
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, JOHN D	
STREET ADDRESS	9114 OLD CHEMONIE ROAD	
CITY - ST - ZIP	TALLAHASSEE FL 32309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, JOHN M	
STREET ADDRESS	9179 OLD CHEMONIE ROAD	
CITY - ST - ZIP	TALLAHASSEE FL 32309	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	STEWART, GAIL-H	
STREET ADDRESS	9114 OLD CHEMONIE ROAD	
CITY - ST - ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

JOHN D. STEWART

1/22/04

599-1928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #