

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 037 ***150.00

DOCUMENT # P03000157871	
1. Entity Name GRADY STEWART, INC.	

Principal Place of Business 346 MIAMI AVE INDIALANTIC, FL 32903	Mailing Address 346 MIAMI AVE INDIALANTIC, FL 32903
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2037911	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REINMAN, JAMES L 1825 RIVERVIEW DR <i>2101 S. WAVERLY PLACE</i> MELBOURNE, FL 32901 <i>Suite 200 E</i>

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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 _____ (NOTE: Registered Agent signature required when re-designating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD STEWART, GRADY I 346 MIAMI AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD STEWART, SHERYL 346 MIAMI AVE INDIALANTIC, FL 32903
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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: *S. Stewart* **S. S. STEWART** (321) 723-5929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Printed