04/30/2007 10:09 IFAX 730i@farr.com → Route to Email 002/002
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2007 MAY 18 P 2: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000061273

1. Entity Name
STEWART ENTERPRISES OF SW FLORIDA, INC.

Principal Place of Business	Mailing Address
21488 FAIRWAY AVE PT CHARLOTTE, FL 33952	99 NESBIT ST PUNTA GORDA, FL 33950

02222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	C/o JAMES A. STEWART
Suite, Apt. #, etc.	Suite, Apt. #, etc. 21488 Fairway Ave
City & State	City & State Pt Charlotte, FL
Zip / Country	Zip 33952 / Country

4. FEI Number 20-1034647 ~~NOT APPLICABLE~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCRORY, JILL C 99 NESBIT ST PUNTA GORDA, FL 33950	Name 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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEWART, JAMES O		NAME		
STREET ADDRESS	21488 FAIRWAY AVE		STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-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 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: [signature] PSTD 941-876-6152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES O. STEWART