


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90029 043 ***550.00

DOCUMENT # P05000026586

1. Entity Name
JACK STEWART INC



Principal Place of Business Mailing Address
 3105 VEST RD 3105 VEST RD
 ST CLOUD, FL 34772 ST CLOUD, FL 34772

50025908



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
202374399 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FMI ACCOUNTING SERVICE
 2343 HEATHER AVE
 KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name
Accelerated Business Solutions
 Street Address (P.O. Box Number is Not Acceptable)
5274 Hondo way.
 City State Zip Code
Orlando FL 32810

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 BARBARA A. GROVES. Barbara A. Groves
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	P	<input type="checkbox"/> Delete
NAME	STEWART, JACK	
STREET ADDRESS	3105 VEST RD	
CITY-ST-ZIP	ST CLOUD, FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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: Jack Stewart 8-16-06 407-892-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #