

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90017 011 \*\*\*158.75

|   |  |                                       |  |   |   |
|---|--|---------------------------------------|--|---|---|
| <b>DOCUMENT # P05000120445</b>  |  |                                       |  |   |   |
| <b>1. Entity Name</b><br>JANET STEWART DIVERSIFIED INCORPORATED   |  |                                       |  |   |   |
| <b>Principal Place of Business</b><br>506 CLIFTON BLUFF LANE<br>JACKSONVILLE, FL 32211  |  |                                       | <b>Mailing Address</b><br>506 CLIFTON BLUFF LANE<br>JACKSONVILLE, FL 32211 |   |   |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>             |  |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                   |  |   |   |
| City & State  |  | City & State                          |  |   |   |
| Zip   | Country  | Zip                                   | Country  | <b>4. FEI Number</b>  |   |
| <b>5. Certificate of Status Desired</b>   |  |                                       |  | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>STEWART, VAN J<br>506 CLIFTON BLUFF LANE<br>JACKSONVILLE, FL 32211  |  |                                       | <b>7. Name and Address of New Registered Agent</b>                         |   |   |
| Name  |  |                                       | Street Address (P.O. Box Number is Not Acceptable)                         |   |   |
| City  |  |                                       | FL Zip Code  |   |   |
| <b>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.</b>  |  |                                       |  |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                                       |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>   |  | <b>9. Election Campaign Financing</b> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  | <input type="checkbox"/>              |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>               |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DO<br>STEWART, VAN J<br>506 CLIFTON BLUFF LANE<br>JACKSONVILLE, FL 32211 |                                       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |
| <b>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.</b> |  |                                       |  |   |   |
| <b>SIGNATURE:</b> <i>Van Janet Stewart</i> <b>VAN Janet Stewart</b> 7/23/06 904 721 6109  |  |                                       |  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |                                       |  |   |   |