

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90006 013 ***150.00

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1. Entity Name

N&S STEWART ENTERPRISES, PA



Principal Place of Business

**14803 TANGELOS STREET
TAVARES FL 32778**

Mailing Address

**14803 TANGELOS STREET
TAVARES FL 32778**

2. Principal Place of Business - No P.O. Box #

14803 TANGELO ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES

City & State

Zip **32778**

Country **USA**

Zip

Country

4. FEI Number

20-5556789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

**STEWART, NEIL
14803 TANGELOS STREET
TAVARES FL 32778**

7. Name and Address of New Registered Agent

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. (Indicate)

(NOTE: Registered Agent signature requires when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **PST** ☐ Delete
NAME **STEWART, NEIL**
STREET ADDRESS **14803 TANGELOS STREET**
CITY-STATE-ZIP **TAVARES FL 32778**

TITLE **VP** ☐ Delete
NAME **STEWART, SHERRY**
STREET ADDRESS **14803 TANGELOS STREET**
CITY-STATE-ZIP **TAVARES FL 32778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **DE**
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Neil W. Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08

Date

352 455 9697

Telephone