

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007063

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: STEWARDSHIP SERVICES BUILDING CONSULTANTS, INC.

## Current Principal Place of Business:

2333 WYNNEWOOD STREET  
PORT SAINT LUCIE, FL 34953

## New Principal Place of Business:

511 NW MARION AVENUE  
PORT SAINT LUCIE, FL 34983

## Current Mailing Address:

2333 WYNNEWOOD STREET  
PORT SAINT LUCIE, FL 34953

## New Mailing Address:

511 NW MARION AVENUE  
PORT SAINT LUCIE, FL 34983

FEI Number: 20-8251002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REAVES, KRISTY M  
2333 WYNNEWOOD STREET  
PORT SAINT LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

REAVES, KRISTY M  
511 NW MARION AVENUE  
PORT SAINT LUCIE, FL 34983 US

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.

SIGNATURE:

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REAVES, KRISTY M  
Address: 2333 WYNNEWOOD STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete  
Name: REAVES, INNIS L  
Address: 2333 S.W. WYNNEWOOD STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: REAVES, KRISTY M  
Address: 511 NW MARION AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP (X) Change ( ) Addition  
Name: REAVES, INNIS L  
Address: 511 NW MARION AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTY M. REAVES

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date