

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P08449

1. Entity Name
THE STEWART/PERRY COMPANY, INC.



Principal Place of Business

**1400 URBAN CENTER DRIVE
SUITE #440
BIRMINGHAM, AL 35242 US**

Mailing Address

**1400 URBAN CENTER DRIVE
SUITE #440
BIRMINGHAM, AL 35242 US**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0882840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, MERRILL H., JR. 1400 URBAN CENTER DRIVE STE #440 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO SMITH III, CLINTON H. 1400 URBAN CENTER DRIVE STE #440 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ALLEN, DEL J 1400 URBAN CENTER DRIVE STE #440 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/08/08-80041-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Del J. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Del J. Allen CFO *3/21/08* *205/414-6000*
Date Daytime Phone #