2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # P93000043160 1. Entity Name STUART LAND COMPANY, INC.								04-09-200	-		
Principal Place of Business 2504 SE WILLOUGHBY BLVD STUART, FL 34994 US			Mailing Address P O BOX 3 STUART, FL 34995 US					14 88) 6 888	18 1 11 8 1 111 1 8 11	Inter al 1901	
2. Principal Place of Business - No P.O. Box #				Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01312007	Chg-P	CR2E0	34 (12/06)	
City & State			<u> </u>	City & State			4. FEI Numb			<u> </u>	oplied For ot Applicable
Zip 34 9	Zip 34994 Country U.S			Zip Coun		itry	5. Certificate of Status Desired			\$8.75 Add Fee Require	
6. Name and Address of Current R				tered Agent		Name	7. Name and	Address of New R	Registered A	\gent	
CHAMBERLIN, JEFFREY D 461 SW PINE TREE LANE PALM CITY, FL 34990							s (P.O. Box Numb	ner is Not Acceptable	e)		
						City			FI	Zip Coc	le
8. The above	named entit	y submits this statement for	the p	ourpose of changing its	register	ed office or regist	tered agent, or bo	oth, in the State of Flo		· familiar with,	and accept
the obligations of registered agent.											
SIGNATURE											
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.(00	9. Election Campa Trust Fund Cont			5.00 May Be dded to Fees				
10.		OFFICERS AND	nt-4/7				ADDITIONS	/CHANGES TO OFF	FICERS AND		
title Name Street address						1				☐ Change	☐ Addition
CITY-ST-ZIP	STUART, FL 34997			CITY. Delete TITLE		-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERLIN, JEFFREY D 461 SW PINE TREE LANE SIR									Unange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1994 - P	☐ Delete		Į.				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
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TITLE NAME STREET ADORESS CITY-ST-ZIP			_	☐ Delete						☐ Change	Addition
12. I hereby certify that the information supplied with vis filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and occurring 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 trusfe emplowered to execute this upport 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 rive employered. SIGNATURE:											
SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNAMS OFFICER OR DIRECTOR Dayline Phone is											