

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90128 034 ***150.00

DOCUMENT # P94000029710

1. Entity Name

STEWARDSHIP ESTATE PLANNING, INC.



Principal Place of Business

933 DOUGLAS AVE
STE 2
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

11014 LAKE MINNEOLA SHORES
CLERMONT FL 34711

94084067



MOORE CR2E034 (11/03)

2. Principal Place of Business

885 Sedalia Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 102

City & State

OCOC, FL

City & State

Zip

34761

Country

Zip

Country

4. FEI Number

59-3232516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, JEFF
11014 LAKE MINNEOLA SHORE
ORLANDO FL 32810

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 D ☐ Delete
NAME ROGERS, JEFF
STREET ADDRESS 6030 LONG PEAK DR
CITY-ST-ZIP ORLANDO FL 32810

TITLE D ☐ Delete
NAME MILLER, RAYMOND W
STREET ADDRESS 1804 GARFIELD DR
CITY-ST-ZIP NORFOLK VA 23503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11014 Lake Minneola Shores
CITY-ST-ZIP CLERMONT, FL 34711

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2004 407470-1405

Date

Daytime Phone #