

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000029710

1. Entity Name
STEWARDSHIP ESTATE PLANNING, INC.



Principal Place of Business

**885 SEDALIA ST.
STE. 102
OCFEE, FL 34761 US**

Mailing Address

**11014 LAKE MINNEOLA SHORES
CLERMONT, FL 34711**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROGERS, JEFF
STREET ADDRESS	11014 LAKE MINNESOTA SHORES
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	MILLER, RAYMOND W
STREET ADDRESS	1804 GARFIELD DR
CITY-ST-ZIP	NORFOLK, VA 23503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000727930
05/04/07-80067-018 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

407 470-1405

Daytime Phone #