2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000083858

1. Entity Name
STEWART & EVANS, P.A.

Principal Place of Business	Mailing Address
3355 OCEAN DRIVE	P.O. BOX 3345
VERO BEACH, FL 32963	VERO BEACH, FL 32964-3345

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3280757	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, WILLIAM J
3355 OCEAN DRIVE
VERO BEACH, FL 32963

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

IIO0000175159
U1/10/05-80037-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	STEWART, WILLIAM J
STREET ADDRESS	803 FIDDLEWOOD ROAD
CITY·ST·ZIP	VERO BEACH, FL 32963

TITLE	DT
NAME	EVANS, RALPH L
STREET ADDRESS	1420 SHORELANDS DR WEST
CITY·ST·ZIP	VERO BEACH, FL 32963

TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	

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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: _Ralph Evans_ RALPH L. EVANS   1-5-05   772 231-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #