


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P95000065445</b>  |  |  |
| 1. Entity Name<br>LINDA D. STEWART ENTERPRISES, INC.                        |  |   |
| Principal Place of Business<br>52 PONCE DE LEON DR<br>ORMOND BEACH FL 32176 |  | Mailing Address<br>52 PONCE DE LEON DR<br>ORMOND BEACH FL 32176                   |



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/04)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>59-3332793                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required                         |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>STEWART, LINDA D<br>52 PONCE DE LEON DR<br>ORMOND BEACH FL 32176 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>STARKE, ROXANNE<br>52 PONCE DE LEON DR<br>ORMOND BEACH FL 32176 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | U000000287230<br>04/04/05-80063-003 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STEWART, LINDA D<br>52 PONCE DE LEON DR<br>ORMOND BEACH FL 32176 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Roxanne Starke Roxanne Starke 3-31-05 386-299-8299  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # cell