



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90033 039 \*\*\*158.75

<b>DOCUMENT # P96000099409</b>					
1. Entity Name <b>JEFFERY STEWART CORP.</b>					
Principal Place of Business <b>CENTRAL LEISURE LAKES 1095 US HWY 92 W AUBURNDALE, FL 33823</b>			Mailing Address <b>JUDY GAYNES, ACCT" G 2000 FONTANA LN ROYAL PALM BEACH, FL 33411</b>		
2. Principal Place of Business <b>4327 SOUTH HIGHWAY #27 SUITE NUMBER 404 CLERMONT, FLORIDA 34711</b>					
Suite, Apt. #, etc.					
City & State					
Zip	Country	Zip	Country	03092006    Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>GAYNES, DAVID M ESQ <del>2700 MISTY OAKES CIR ROYAL PALM BEACH, FL 33411</del></b>				5. FEI Number <b>65-0717337</b>	
7. Name and Address of New Registered Agent <b>4327 SOUTH HIGHWAY #27 SUITE NUMBER 404 CLERMONT, FLORIDA 34711</b>				Applied For <input type="checkbox"/> Not Applicable	
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.				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE <i>David M. Gaynes</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DAVID		NAME	58 LEISURE DRIVE	
STREET ADDRESS	<del>1020 GLENN ST SUITE 100</del>	<b>CHANGE OF ADDRESS</b>	STREET ADDRESS	AUBURNDALE, FLORIDA 33823	
CITY-ST-ZIP	<del>FT LAUDERDALE, FL 33314-1770</del>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERY, PEARL		NAME		
STREET ADDRESS	4623 DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40216		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BETTY JEAN JEFFERY	
STREET ADDRESS			STREET ADDRESS	58 LEISURE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	AUBURNDALE, FLORIDA 33823	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PEGGY ANN YOUNG	
STREET ADDRESS			STREET ADDRESS	58 LEISURE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	AUBURNDALE, FLORIDA 33823	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JUDY D. GAYNES	
STREET ADDRESS			STREET ADDRESS	4327 SOUTH HIGHWAY #27	
CITY-ST-ZIP			CITY-ST-ZIP	SUITE NUMBER 404	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	CLERMONT, FLORIDA 34711	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Judy D. Gaynes</i>			3/10/2006		
SIGNATURE AND TYPED OR PRINTED NAME			RETARY		
			(954) 801-2712		