

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000099409

1. Entity Name
JEFFERY STEWART CORP.



Principal Place of Business

**CENTRAL LEISURE LAKES
1095 US HWY 92 W
AUBURNDALE, FL 33823**

Mailing Address

**JUDY GAYNES, ACCT"" G
4327 S. HWY. #27., STE. #404
CLERMONT, FL 34711**



07192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0717337

Applied For
Not Applicable

5. Certificate of Status Desired

X **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVID M ESQ
4327 S. HWY. #27, STE. #404
CLERMONT, FL 34711**

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IN THIS SPACE**

I, 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

000000771548
08/07/07-80007-002 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEWART, DAVID
STREET ADDRESS 58 LEISURE DR
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE D
NAME JEFFERY, BETTY JEAN
STREET ADDRESS 58 LEISURE DR
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE D
NAME YOUNG, PEGGY ANN
STREET ADDRESS 58 LEISURE DR
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE S
NAME GAYNES, JUDT D
STREET ADDRESS 4327 S. HWY. #27., STE. #404
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

7/19/07 (352) 526-2745