2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088346

NAGEL, REBECCA S

1005 MERIEN COURT

OVIEDO, FL 32765

Name:

Address:

City-St-Zip:

FILED Apr 26, 2004 Secretary of State

Entity Name: STEWART HOSPITALITY GROUP, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2401 W ST.	ATE RD 434				
	DD, FL 32779	US			
Current Ma	ailing Addres	s:	New Mailing Address	New Mailing Address:	
2401 W STATE RD 434 117					
	DD, FL 32779	US			
FEI Number:	59-3475251	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
STEWART, ROBERT E 2401 WEST STATE ROAD 434 117			STEWART, BARRY D 2401 WEST STATE RC 117	2401 WEST STATE ROAD 434	
LONGWOOD, FL 32779 US LONGWOOD, FL 32779 US				9 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BARRY D. STEWART				04/26/2004	
	Electroni	ic Signature of Registered Agen	t	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () STEWART, ROE 1005 MERIEN C OVIEDO, FL 32	COURT	Title: (Name: Address: City-St-Zip:)Change()Addition	
Title: Name: Address: City-St-Zip:	PD () STEWART, JEF 1005 MERIEN C OVIEDO, FL 32	COURT	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VTD () STEWART, BAR 1005 MERIEN C OVIEDO, FL 32	COURT	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	SD ()	Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BARRY D. STEWART VTD 04/26/2004