

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90108 025 \*\*\*150.00

DOCUMENT # P98000042553

1. Entity Name  
DAVID STEWART, INC.



Principal Place of Business *821 nat 321*  
**321 CYPRESS BOULEVARD**  
# 510  
POMPAÑO BEACH, FL 33069

Mailing Address  
**321 CYPRESS BOULEVARD**  
# 510  
POMPAÑO BEACH, FL 33069



2. Principal Place of Business  
*821 Cypress Boulevard*  
Suite, Apt., etc.  
**# 510**

3. Mailing Address  
*821 Cypress Boulevard*  
Suite, Apt., etc.  
**# 510**

City & State  
*Pompano Beach, FL*  
Zip  
**33069** Country  
**USA**

City & State  
*Pompano Beach, FL*  
Zip  
**33069** Country  
**USA**

02172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0834492** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DALEY, STACIE K ESQ**  
**50 NE 26TH AVENUE STE 204**  
**POMPAÑO BEACH, FL 33062**  
*6555 N. POWERLINE ROAD STE 408*  
*FORT LAUDERDALE FL 33309*

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
*6555 N. POWERLINE ROAD*  
*Suite 408*  
City *FORT LAUDERDALE* FL Zip Code *33309*

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, STEWART D	
STREET ADDRESS	821 CYPRESS BOULEVARD, # 510	
CITY - ST - ZIP	POMPAÑO BEACH, FL 33069	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, PAT B	
STREET ADDRESS	821 CYPRESS BOULEVARD, # 510	
CITY - ST - ZIP	POMPAÑO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stewart D Zuckerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/24/06* Date *(954) 993-4161* Daytime Phone #