## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # P98000063381** 05-03-2005 90085 043 \*\*\*150.00 STUART BUILDERS, INC. Principal Place of Business Mailing Address 2908 104TH AVE EAST PO BOX 307 PARRISH, FL 34219 PARRISH, FL 34219 04022005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0852440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STUART, DONALD J DO NOT WRITE 2908 104TH AVE EAST PARRISH, FL 34219 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME STUART, JULIET S 2000 104THAVE EAST 5703 Spancer Partish Rd STREET ADDRESS CITY-ST-ZIP PARRISH, FL 34219 TITLE STUART, DONALD J 2908 TUATH AVE EAST 5703 Speccer Burish Rd STREET ADDRESS CITY-ST-ZIP PARRISH, FL 34219 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

I hereby certify that the information supplied with this filing does not qualify 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 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.

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INTED NAME OF SIGNING OFFICER OR DIRECTOR

4,28-05

Daytime Phone #

FILED