


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000076545</b> 1. Entity Name LEWIS STABLES, INC.	
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Principal Place of Business 220 S.W. 32ND ST. FORT LAUDERDALE, FL 33315	Mailing Address P.O. BOX 21107 FORT LAUDERDALE, FL 33315
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**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0876054	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  STEPHENS, JOHN E 220 S.W. 32ND ST. FORT LAUDERDALE, FL 33315
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**DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWIS, JAMES R JR 220 SW 32ND STREET FT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEWIS, STEPHEN R 220 SW 32ND STREET FT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, ALICE O 220 SW 32ND STREET FT LAUDERDALE, FL 33315
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04/26/04-800008-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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.

SIGNATURE: <u>Stephen R Lewis</u> Vice President	4/21/04 954-767-1235
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> STEPHEN R. LEWIS	<small>Date Daytime Phone #</small>