

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90008 044 ***150.00

DOCUMENT # P98000082566

1. Entity Name

STEWWHITE, INC.



Principal Place of Business

17941 U.S. HIGHWAY 441
MOUNT DORA FL 32757

Mailing Address

1710 CONQUINA DR
MERRITT ISLAND FL 32952

2. Principal Place of Business

1311 HEIM Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MT. DORA FL.

City & State

Zip

Country

U.S.A.

4. FEI Number

59-3533766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITEHURST, GEORGE E JR
1710 COQUINA DR
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHURST, JULIE	
STREET ADDRESS	1710 COQUINA DR	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, ELFREIDE	
STREET ADDRESS	134 HEINA RD	
CITY - ST - ZIP	MT DORA FL 32757	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	STEWART, ALAN	
STREET ADDRESS	1311 HIENA RD	
CITY - ST - ZIP	MT DORA FL 32757	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WHITEHURST, GEORGE C JR	
STREET ADDRESS	1710 CONQUINA DR	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	
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		
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05 (352) 748-4811

Date

Daytime Phone #