2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

1. Entity Nam CHAD ST	TEWART, INC.				Sec	eretary of State
12366 NW 3 OCALA, FL 3		Mailing Address 72366 NW 35TH ST. OCALA, FL 34482				
Ε	OO NOT WRITE 6. Name and Address of Current Re		CE	01172005 4. FEI Number 59-3552	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	r, CHAD J PRES / 35TH ST.				NOT WE	
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 the 7 explicable NOTE Registered Agent signature required when releasing) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PRES STEWART, CHAD 12366 NW 35TH ST. OCALA, FL 34482	RECTORS		}	! U000003 04/25/05-8	26831 0012-021 150.00
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NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP				1		Total Control
TITLE NAME STREET ADDRESS CITY-57-ZIP	and the United Proc to Professional Company	o Filipp dags and courts for the				
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 of 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: 4-21-05 352 207-1502 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dails Desyline Phone #						