2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Apr 10, 2008 08:00 A Secretary of State DOCUMENT # P99000000714 1. Entity Name CHAD STEWART, INC. Principal Place of Business Mailing Address 12366 NW 35TH ST. 12366 NW 35TH ST. OCALA, FL 34482 OCALA, FL 34482 04082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3552429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, CHAD J PRES DO NOT WRITE 12366 NW 35TH ST. OCALA, FL 34482 . 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U000000890809 FILE NOW!!! FEE IS \$150.00 " After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. **PRES** TITLE STEWART, CHAD NAME STREET ADDRESS 12366 NW 35TH ST. CITY-ST-ZIP OCALA, FL 34482 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

352-207-1502