
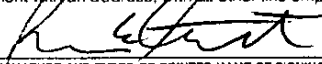


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90036 049 ***150.00

DOCUMENT # P99000029285 1. Entity Name STEWART GAS REPAIRS INC.					
Principal Place of Business 3773 CENTRAL AVE, STE. C505 ST. PETERSBURG, FL 33713			Mailing Address 3773 CENTRAL AVE, STE. C505 ST. PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box # 8950 Dr Martin Luther King		3. Mailing Address ST N PO BOX 55308			
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc. 			
City & State St-Petersburg FL		City & State St Petersburg FL		4. FEI Number 59-3568101	
Zip 33702		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINEBRENNER, J M 3773 CENTRAL AVE, STE. C505 ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name 		
			Street Address (P.O. Box Number is Not Acceptable) 8950 Dr Martin Luther King St North		
			SUITE 130		
			City ST PETERSBURG		Zip Code FL 33702
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEWART, SHAWN E 191 BANYON BAY DR SAINT PETERSBURG, FL 33705		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		SHAWN STEWART		1/25/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		727/327-1202 <small>Daytime Phone #</small>	

4000000000

