2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # S23575 03-14-2005 90098 029 ***150.00 STEWART LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 4161 7TH AVE NW POST OFFICE BOX 8122 *|*00025422 NAPLES, FL 34119 NAPLES, FL 34101 US 2. Principal Place of Business 3. Mailing Address 14 GROSBRAK LANK P.O. BOX 8/22 Suite, Apt. #, etc 03092005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For NAPLES 65-0243727 Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -STRWART, MARTIN STEWART, KEVIN L O. Box Number is Not Accept 4161 7TH AVE NW Street Add NAPLES, FL 34119 NAPLES 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. 3-10-05 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition STEWART, KEVIN L NAME NAME STREET ADDRESS 4161 7TH AVE NW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-7IP ☐ Delete TITLE TIT! F ☐ Addition NAME STEWART, MARTIN P NAME 14 GROSBRAK LANE STREET ADDRESS 4161 7TH AVE NW. STREET ADDRESS NAPLES, FL 34119 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tustee empowered to execute this people are no entanglementally and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address Elvad SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED

Mar 14, 2005 8:00 am