2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 07, 2007 8:00 am
Secretary of State
02-16-2007 90042 027 ***150.00

DOCUMENT # S23575

1. Entity Name
STEWART LAWN MAINTENANCE, INC.

Principal Place of Business
~~117 BIG SPRING DR~~
NAPLES FL ~~34113~~
US

Mailing Address
POST OFFICE BOX 8122
NAPLES FL 34101
US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #: 4480 EXCHANGE AVE
Suite, Apt. #, etc.:
City & State: NAPLES, FL
Zip: 34104 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0243727 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STEWART, MARTIN P
~~14 GROSBEAK LANE~~ P.O. BOX 8122
NAPLES FL ~~34119~~ 34101

7. Name and Address of New Registered Agent
Name: MARTIN P STEWART
Street Address (P.O. Box Number is Not Acceptable): 7892 SANCTUARY CIRCLE #1
City: NAPLES FL Zip Code: 34104

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: Martin Stewart
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, 2007 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	☐ Delete
NAME	STEWART, MARTIN P	
STREET ADDRESS	~~14 GROSBEAK LANE~~ 4480 EXCHANGE AVE	
CITY-ST-ZIP	NAPLES FL ~~34114~~ 34104	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Martin Stewart MARTIN STEWART 2-9-07 269-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #