

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

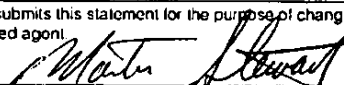
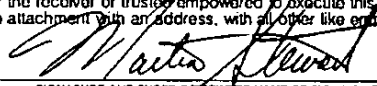
FILED
Mar 07, 2007 8:00 am
Secretary of State

02-16-2007 90042 027 ***150.00

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1st MOORE CR2E034 (10/06)

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	
2. Principal Place of Business - No P.O. Box # 4480 EXCHANGE AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State	
Zip 34104	Country USA	Zip	Country
6. Name and Address of Current Registered Agent STEWART, MARTIN P 14 GROSBEAK LANE NAPLES FL 34119		7. Name and Address of New Registered Agent Name MARTIN P STAWART Street Address (P.O. Box Number is Not Acceptable) 1892 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 		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEWART, MARTIN P 14 GROSBEAK LANE 4480 EXCHANGE AVE NAPLES FL 34119 34104	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 STAWART 2-9-07 269-0104	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	