2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State
05-21-2008 90029 006 ***150.00

DOCUMENT # S23575

1. Entity Name

STEWART LAWN MAINTENANCE, INC.

Principal Place of Business	Mailing Address
4480 EXCHANGER AVE NAPLES FL 34104 US	POST OFFICE BOX 8122 NAPLES FL 34101 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
167 GLAN EAGLE CIRCLE		167 GLAN EAGLE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State: NAPLES, FL		City & State: NAPLES, FL	
Zip: 34104	Country: USA	Zip: 34104	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
PO BOX 8122
7892 SANTUARY CIRCLE #1
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name: MARTIN STEWART
Street Address (P.O. Box Number is Not Acceptable): 167 GLAN EAGLE CIRCLE
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: [signature] MARTIN STEWART 4-28-08
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, 2008 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEWART, MARTIN P		NAME		
STREET ADDRESS	~~4480 EXCHANGE AVE~~ 167 GLAN EAGLE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		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
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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 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: [signature] MARTIN STEWART 4-28-08 (239) 269-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #