

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90083 001 \*\*\*300.00

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04302007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # S28915</b> 1. Entity Name <b>JAMES C. STEWART, JR., ATTORNEY AT LAW, A PROFESSIONAL ASSOCIATION</b>					
Principal Place of Business <b>5150 GALLERIA CRT STE 302 NAPLES, FL 34109 US</b>			Mailing Address <b>5150 GALLERIA CRT STE 302 NAPLES, FL 34109 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4650 13th Ave S.W.</b>			3. Mailing Address <b>Post Office Box 112157</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>65-0239072</b>	
Zip <b>34116</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34108</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEWART, JR., JAMES C 5150 GALLERIA CRT STE 302 NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <b>4/30/07</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTSD</b> <input type="checkbox"/> Delete NAME <b>STEWART, JAMES C., JR.</b> STREET ADDRESS <b>5150 GALLERIA CRT STE 302</b> CITY-ST-ZIP <b>NAPLES, FL 34109</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP <b>Naples, FL 34108</b>				CITY-ST-ZIP 	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: 				DATE <b>239-404-9140</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					