

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)

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| DOCUMENT # S28915 | | | |  | |
| 1. Entity Name JAMES C. STEWART, JR., ATTORNEY AT LAW, A PROFESSIONAL ASSOCIATION | | | | | |
| Principal Place of Business 3130 GALLERIA CRT STE 302 NAPLES, FL 34109 US | | Mailing Address 3130 GALLERIA CRT STE 302 NAPLES, FL 34109 US | | | |
| 2. Principal Place of Business - No P.O. Box # 4650 13th Ave S.W. Suite, Apt. #, etc. | | 3. Mailing Address Post Office Box 112157 Suite, Apt. #, etc. | | | |
| City & State Naples, FL Zip 34116 Country USA | | City & State Naples, FL Zip 34108 Country USA | | 4. FEI Number 65-0239072 Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent STEWART, JR., JAMES C 3130 GALLERIA CRT STE 302 NAPLES, FL 34109 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PTSD STEWART, JAMES C., JR. 3130 GALLERIA CRT STE 302 NAPLES, FL 34109 PO Box 112157 Naples, FL 34108 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>239-404-9140</u> <small>Daytime Phone #</small> | |