


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90011 014 ***150.00

DOCUMENT # S70990 1. Entity Name FRANK STEWART TRUCKING, INC.																	
Principal Place of Business 5255 TOZOUR RD FT PIERCE FL 34946 US			Mailing Address P.O. BOX 3471 FT PIERCE FL 34948 US														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		4. FEI Number 65-0286025 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STEWART, FRANK 5001 EAST SEMINOLE ROAD FT PIERCE FL 34951													
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 <u><i>FRANK STEWART</i></u> DATE <u>7-27-04</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 \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>															
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEWART, FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5001 EAST SEMINOLE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT PIERCE FL</td> <td></td> </tr> </table>				TITLE	PD	<input type="checkbox"/> Delete	NAME	STEWART, FRANK		STREET ADDRESS	5001 EAST SEMINOLE RD		CITY-ST-ZIP	FT PIERCE FL	
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NAME	STEWART, FRANK																
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		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 exemption stated in Section 119.07(3)(i), 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.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
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STREET ADDRESS																	
CITY-ST-ZIP																	
SIGNATURE: <u><i>FRANK STEWART</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-27-04</u> Daytime Phone # <u>772-465-2835</u>															