

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # V14678

1. Entity Name
STEWARTS CUSTOM BUILDING, INC.



Principal Place of Business
**4035 OAK HAVEN DRIVE
LABELLE, FL 33935 US**

Mailing Address
**P.O. BOX 684
LABELLE, FL 33975 US**

DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0322531

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, JOHNNY J PRES.
4035 OAK HAVEN DRIVE
LABELLE, FL 33935**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEWART, JOHNNY J.
STREET ADDRESS 4035 OAK HAVEN DRIVE
CITY-ST-ZIP LABELLE, FL 33935

TITLE P
NAME STEWART, JOHNNY J.
STREET ADDRESS 4035 OAK HAVEN DRIVE
CITY-ST-ZIP LABELLE, FL 33935

TITLE V
NAME CARPENTER, RONALD KEITH
STREET ADDRESS 3833 FT. ADAMS AVE,
CITY-ST-ZIP LABELLE, FL 33935

TITLE V
NAME STEWART, JOHNNY JAY
STREET ADDRESS 620 S MAIN ST., LOT 96
CITY-ST-ZIP LABELLE, FL

TITLE ST
NAME STEWART, DEBRA ANN
STREET ADDRESS 4035 OAK HAVEN DRIVE
CITY-ST-ZIP LABELLE, FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000764799
05/31/07-80011-016 550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07

863/675-2375