

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14678

FILED
Mar 12, 2009
Secretary of State

Entity Name: STEWARTS CUSTOM BUILDING, INC.

Current Principal Place of Business:

4035 OAK HAVEN DRIVE
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 684
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0322531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEWART, JOHNNY J.,
Address: 4035 OAK HAVEN DRIVE
City-St-Zip: LABELLE, FL 33935

Title: P () Delete
Name: STEWART, JOHNNY J.,
Address: 4035 OAK HAVEN DRIVE
City-St-Zip: LABELLE, FL 33935

Title: V () Delete
Name: CARPENTER, RONALD KE, ITH
Address: 3833 FT. ADAMS AVE,
City-St-Zip: LABELLE, FL 33935

Title: V () Delete
Name: STEWART, JOHNNY JAY
Address: 620 S MAIN ST., LOT 96
City-St-Zip: LABELLE, FL

Title: ST (X) Delete
Name: STEWART, DEBRA ANN,
Address: 4035 OAK HAVEN DRIVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: STEWART, JOHNNY JAY,
Address: 2020 CASTLETON TERRACE
City-St-Zip: LABELLE, FL 33935

Title: ST (X) Change () Addition
Name: STEWART, DEBRA ANN
Address: 4035 OAK HAVEN DRIVE
City-St-Zip: LABELLE, FL 33935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA ANN STEWART

ST

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date