2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2007 08:00 AM Secretary of State

DOCUMENT # V41461 1. Entity Name GAE STEWART, INC.				S	ecretary	of Sta	
Principal Place 242 WEST TAN VENICE, FL 34	MPA AVE	Mailing Address 242 WEST TAMPA AVE VENICE, FL 34285		 		Bibli berik bibli bibli bibli bi	
DO NOT WRITE IN THIS SPA			CE	01032007 No Chg-P CR2E034 (11/05) 4. FEI Number			
·				5. Certificate	of Status Desired	Fee Requi	
6. Name and Address of Current Registered Agent BRANNON, GARY CPA, PA 810A PINEBROOK ROAD VENICE, FL 34292			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	d Agent signature require	when remaining)	· · · · · · · · · · · · · · · · · · ·	DATE	··· -	
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			noing \$5	.00 May Be			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI PD STEWART, ALMA GAE 1378 CLUBVIEW COURT VENICE, FL 34292 ST DUDLEY, RONALD E 1378 CLUBVIEW COURT VENICE, FL 34292 D	RECTORS				0579109 -80056-008	150.00
NAME STREET ADDRESS	STEWART, SHANE 1781 COCONUT VENICE, FL 34293				NOT W		

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-07

941-488-6262 Dayling Phone #