


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # V41461  
 1. Entity Name  
 GAE STEWART, INC.



Principal Place of Business  
 242 WEST TAMPA AVE  
 VENICE, FL 34285

Mailing Address  
 242 WEST TAMPA AVE  
 VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0335269

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000791820  
 01/23/08-30091-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, ALMA GAE 1378 CLUBVIEW COURT VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUDLEY, RONALD E 1378 CLUBVIEW COURT VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, SHANE 1781 COCONUT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Alma Gae Stewart* 1-15-08 941-488-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #