2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# V57524

Entity Name: STEWART PROPERTIES OF TAMPA, INC.

Current Principal Place of Business:

3401 W CYPRESS ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3401 W CYPRESS STREET
STE. 202
TAMPA, FL 336075040

New Mailing Address:

FEI Number: 59-3138030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKMAN, HAROLD E
3401 W CYPRESS ST
STE. 202
TAMPA, FL 33607 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: HICKMAN, HAROLD E
Address: 1614 ALTOONA WAY
City-St-Zip: BRANDON, FL

Title: D ( ) Delete
Name: COFER, JOSEPH B
Address: ONE HARBOUR PLACE
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: LOU TURNER, BETTY
Address: 2801 TERRACE DR
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: GIBBONS, SAM
Address: 940 SOUTH STERLING
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: LANCASTER, WHIT
Address: 1401 MONTICELLO N BLVD
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD ( ) Delete
Name: MILLER, E. BRADFORD
Address: 4112 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: HAROLD HICKMAN D 04/30/2009

Electronic Signature of Signing Officer or Director — Date