

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

DOCUMENT # A96000001201

1. Entity Name

JOHN W. STONE INVESTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:21

Principal Place of Business

6230 CR 13 SOUTH
HASTINGS FL 32145

Mailing Address

P.O. BOX 74
HASTINGS FL 32145

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 303

Suite, Apt. #, etc.

City & State

City & State
Seville, FL

4. FEI Number

59-3389027

Applied For

Not Applicable

Zip

Country

Zip

32190

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, JOHN W
6230 CR 13 SOUTH
HASTINGS FL 32145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
STONE, JOHN W
6230 CR 13 SOUTH
HASTINGS FL 32145

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BENNETT, TOMMIE
605 PURVIS ROAD
SEVILLE FL 32190

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700069076237
03/31/06--01005--003 **500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Tommie Bennett Tommie Bennett

3-7-2006

386-749-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE