

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A96000001201

1. Entity Name
JOHN W. STONE INVESTMENTS, LTD.



Principal Place of Business
**6230 CR 13 SOUTH
HASTINGS, FL 32145**

Mailing Address
**P.O. BOX 303
SEVILLE, FL 32190**



01152008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3389027

Applied For
Not Applicable

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**

**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 title if applicable

U000000792873
01/24/08-80027-007 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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

**DO NOT WRITE
IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-15-2008 *386-749-3456*
Date Daytime Phone #

STAPLE CHECK HERE