2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097613

29831-33 SW 153 PL

HOMESTEAD, FL 33033 US

Address: City-St-Zip:

Entity Name: STONER INSURANCE SERVICE INC.

FILED Mar 31, 2006 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1990 NE 8 HOMESTE	STR EAD, FL 33033				
Current Mailing Address:			New Mailing Address:		
PO BOX 9 HOMESTE	01475 EAD, FL 33090	US			
FEI Number	: 20-0244424	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2835 SE 5 HOMESTE	EAD, FL 33033		ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU		0:			
		c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () STONER, CHAR 2835 SE 5 PL HOMESTEAD, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () STONER, NAMO 2835 SE 5 PL HOMESTEAD, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () STONER, TOK S	Delete S	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: CHARLES K STONER P 03/31/2006