


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P0500002210  
 1. Entity Name  
 PROKOP STONE, P.A.



Principal Place of Business      Mailing Address  
 3707 RADNOR PL      3707 RADNOR PL  
 SARASOTA, FL 34232      SARASOTA, FL 34232

**DO NOT WRITE IN THIS SPACE**



01032007    No Chg-P    CR2E034 (11/05)

4. FEI Number 55-0888140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 PROKOP, KENNETH D  
 3707 RADNOR PL  
 SARASOTA, FL 34232

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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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000688914  
 04/11/07-80013-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PROKOP, KENNETH D 3707 RADNOR PL SARASOTA, FL 34232
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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: *Kenneth D. Prokop*    Kenneth D. Prokop    4/2/07 971-342-6444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #