


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000025861 1. Entity Name STONEHEDGE REALTY, INC.					
Principal Place of Business 39820 US HIGHWAY 19 NORTH TARPON SPRINGS FL 34689			Mailing Address 39820 US HIGHWAY 19 NORTH TARPON SPRINGS FL 34689		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-3502740	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEEVAN, RONALD P 200 NORTH GARDEN AVENUE SUITE A CLEARWATER FL 33755			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEETEM, ART	NAME			
STREET ADDRESS	39820 US 19 N #25	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALPOLE, WILLIAM	NAME			
STREET ADDRESS	39820 US 19 NORTH LOT 201	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELTON, SUSAN	NAME			
STREET ADDRESS	39820 US 19 NORTH LOT 13	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGINNIS, DONALD	NAME			
STREET ADDRESS	39820 US 19 N #175	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILL, DONALD	NAME			
STREET ADDRESS	39820 US 19 NORTH # 169	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORTON, LOUISE	NAME			
STREET ADDRESS	39820 US 19 NORTH #220	STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP			



MOORE CR2E034 (11/03)

4. FEI Number 59-3502740 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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 03/15/04-80025-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donald K. Gill Donald K. Gill, Pres. 3/9/04 727-934-791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #