2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# P03000097613

Entity Name: STONER INSURANCE SERVICE INC.

Current Principal Place of Business:

1990 NE 8 STR
HOMESTEAD, FL 33033 36

New Principal Place of Business:

Current Mailing Address:

PO BOX 901475
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 20-0244424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONER, CHARLES K
29820 SW 153 CT
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

STONER, CHARLES K
2835 SE 5 PL
HOMESTEAD, FL 33033 US

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.

SIGNATURE: 02/01/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STONER, CHARLES K
Address: 29820 SW 153 CT
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP ( ) Delete
Name: STONER, NAMOY N
Address: 29820 SW 153 CT
City-St-Zip: HOMESTEAD, FL 33033 US

Title: T ( ) Delete
Name: STONER, TOK S
Address: 29831-33 SW 153 PL
City-St-Zip: HOMESTEAD, FL 33033 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STONER, CHARLES K
Address: 2835 SE 5 PL
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP (X) Change ( ) Addition
Name: STONER, NAMOY N
Address: 2835 SE 5 PL
City-St-Zip: HOMESTEAD, FL 33033 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: CHARLES K STONER P 02/01/2005
Electronic Signature of Signing Officer or Director Date