

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90016 036 ***158.75

DOCUMENT # P04000024091	
1. Entity Name STONER & CASON PAINTING, INC.	



Principal Place of Business 3509 KINGSBURY DR HOLIDAY, FL 34691	Mailing Address 3509 KINGSBURY DR HOLIDAY, FL 34691
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40092865



2. Principal Place of Business 3509 KINGSBURY DR. HOLIDAY		3. Mailing Address 3509 KINGSBURY DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLIDAY FL.		City & State HOLIDAY FL.	
Zip 34691	Country US	Zip 34691	Country US

05032006 Chg-P CR2E034 (11/05)

4. FEI Number 51-0496549		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STONER, RODNEY GENE 3509 KINGSBURY DR HOLIDAY, FL 34691		7. Name and Address of New Registered Agent Name RODNEY GENE STONER Street Address (P.O. Box Number is Not Acceptable) 3509 KINGSBURY DR. City HOLIDAY FL Zip Code 34691	
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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 *Gene Stoner* DATE **5-14-6**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONER, RODNEY GENE 3509 KINGSBURY DR HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gene Stoner* Date **5-14-6** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR