


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90093 024 ***158.75

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # P04000024091 1. Entity Name STONER & CASON PAINTING, INC. | | | |  | |
| Principal Place of Business 3509 FINGSBURY DR HOLIDAY HOLIDAY, FL 34691 | | | Mailing Address 3509 FINGSBURY DR HOLIDAY HOLIDAY, FL 34691 | | |
| 2. Principal Place of Business - No P.O. Box # 3509 KINGSBURY DR. | | 3. Mailing Address 3509 KINGSBURY DR. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 51-0496549 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 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: <u>Rodney Gene Stoner</u> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 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. | | | | | |
| 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 | |
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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: <u>Rodney Gene Stoner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>5-1-7</u> Daytime Phone # | | |

ATTACHMENT # P04000024091

THE ADDRESS ^{IS} ~~IS~~ SPELLED

WRONG IN BLOCK 1

BUT IS CORRECT IN BLOCK 10

IT WAS ALSO INCORRECT ON
MY ANNUAL REPORT NOTICE.

I TRIED TO DO ONLINE
FOR FEW DAYS BUT COULD NOT
ACCESS YOUR SITE. I CALLED
YOUR OFFICE AND WAS TOLD TO
WRITE THIS LETTER TO AVOID
LATE FEE.

THANK YOU. GENE STONER

STONER & CASON PAINTING

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