

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000097613

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** STONER INSURANCE SERVICE INC.

**Current Principal Place of Business:**

2804 NE 8 STR  
STE 202  
HOMESTEAD, FL 33033

**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  
2240 SE 19 AVE  
HOMESTEAD, FL 33035 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:** CHARLES K STONER

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** STONER, CHARLES K  
**Address:** 2835 SE 5 PL  
**City-St-Zip:** HOMESTEAD, FL 33033 US

**Title:** T  
**Name:** STONER, TOK S  
**Address:** 29833 SW 153 PL  
**City-St-Zip:** HOMESTEAD, FL 33033 US

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLES K STONER

PD

04/20/2011

Electronic Signature of Signing Officer or Director

Date