

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000097613

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

**Current Principal Place of Business:**

2804 NE 8 STR  
STE 202  
HOMESTEAD, FL 33033

**Current Mailing Address:**

PO BOX 901475  
HOMESTEAD, FL 33090 US

**FEI Number:** 20-0244424

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	T
Name	STONER, CHARLES K	Name	STONER, TOK S
Address	2835 SE 5 PL	Address	29833 SW 153 PL
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033

*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

P

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date