2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90083 028 ***150.00

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1. Entity Name
STONEY'S ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2150 GOODLETTE RD SUITE 700 NAPLES FL 34102 US	2150 GOODLETTE RD SUITE 700 NAPLES FL 34102 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
436 BAYFRONT PLACE		436 BAYFRONT PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES, FL		City & State: NAPLES, FL	
Zip: 34102-6454	Country: USA	Zip: 34102-6454	Country: USA

4. FEI Number 59-1031146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLEY, REX N.
1044 CASTELLO DRIVE
SUITE 106
NAPLES FL 34103

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LOFGREN, DARLENE S. 1010 GALLEON DRIVE NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D STONEBURNER, KEVIN 2150 GOODLETTE RD STE 700 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	436 BAYFRONT PLACE NAPLES, FL 34102-6454	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kevin Stoneburner, VP 02/01/07 239-649-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #