2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90083 028 ***150.00

DOCUMENT # 270945

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

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

1st MOORE CR2E034 (10/06)

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	7. Name and Address of New Registered Agent
ASHLEY, REX N. 1044 CASTELLO DRIVE SUITE 106 NAPLES FL 34103	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	☒ Change ☐ Addition 436 BAYFRONT PLACE NAPLES, FL 34102-6454
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition

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 #