

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90041 003 ***158.75

DOCUMENT # 601195 1. Entity Name EDWARD D. STONE, JR. AND ASSOCIATES, INC.					
Principal Place of Business % JOSEPH J. LALLI, PRESIDENT 1512 EAST BROWARD BLVD., SUITE 110 FORT LAUDERDALE, FL 33301			Mailing Address % JOSEPH J. LALLI, PRESIDENT 1512 EAST BROWARD BLVD., SUITE 110 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1265229	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LALLI, JOSEPH J 1512 EAST BROWARD SUITE 110 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD STONE, EDWARD D. JR 151 STINGAREE POINT VERO BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAM B. KENNER 2631 MARION DRIVE FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENLING, J. ROBERTS 821 SE 19TH STREET FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BEHLING, J. ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LALLI, JOSEPH J. 601 N. VICTORIA PARK ROAD FT. LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO SMITH, DOUGLAS C 1701 NE 19TH STREET FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, JOHN W 4363 BENEDICTINE CIRCLE ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOT VENDRELL, JOAQUIN R 1000 N.W. 161ST AVENUE PEMBROKE PINES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joaquin R. Vendrell</i> JOAQUIN R. VENDRELL, TREASURER 18 JAN 2006					