

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 008 ***150.00

DOCUMENT # 605910

1. Entity Name

JON F. STONEBURNER, O.D., P.A.



Principal Place of Business

6509 BOWLINE DRIVE
SARASOTA FL 34231
US

Mailing Address

6509 BOWLINE DRIVE
SARASOTA FL 34231
US

2. Principal Place of Business

3. Mailing Address

Dr. Jon Stoneburner
Suite, Apt. 4602
4602 Meadowview Circle
Sarasota, Florida 34233

Dr. Jon Stoneburner
Suite, Apt. 4602
4602 Meadowview Circle
Sarasota, Florida 34233



MOORE CR2E034 (11/03)

4. FEI Number

59-1914981

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

STONEBURNER, JON F.
3350 PINE VALLEY DR
SARASOTA FL 34232

address change

Name

Dr. Jon Stoneburner
Street Address (P.O. Box Number is Not Acceptable)
4602 Meadowview Circle

Sarasota, Florida 34233

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, 2004 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 PD ☐ Delete
NAME STONEBURNER, JON F.
STREET ADDRESS 6509 BOWLINE DRIVE
CITY-ST-ZIP SARASOTA FL 34231

address change

TITLE ☒ Change ☐ Addition
NAME Dr. Jon Stoneburner
STREET ADDRESS 4602 Meadowview Circle
CITY-ST-ZIP Sarasota, Florida 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

941-685-4136
Date Daytime Phone #