

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 630819

1. Entity Name
STONE'S outhouse, INC.



Principal Place of Business
**2062 E. EDGEWOOD DRIVE
LAKELAND, FL 33803 US**

Mailing Address
**2062 E. EDGEWOOD DRIVE
LAKELAND, FL 33803 US**



01292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1922550	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEACREAST, WILLIAM A.
402 SOUTH KENTUCKY AVENUE
P.O. BOX 117, SUITE 560
LAKELAND, FL 33802**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	STONE, KELLY J.
STREET ADDRESS	3447 SOUTHCREST BLVD.
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	PD
NAME	STONE, ROBERT L.
STREET ADDRESS	3447 SOUTHCREST BLVD.
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

1100000451883
03/11/06-80004-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Kelly J. Stone KELLY J. STONE

2-27-06

863-665-1651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #