


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90004 029 ***150.00

DOCUMENT # F00000005218	
1. Entity Name STONER MANOR, INC.	

Principal Place of Business 32 MOREHOUSE LANE NORWALK CT 06850	Mailing Address C/O CLEARVIEW STABLES P.O. BOX 575 NEW CANAAN CT 06840
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54055122



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address <i>Delete Clearview Stables</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1468039	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Recalled</i> <input checked="" type="checkbox"/> Delete WOOLWORTH, NORMAN S 32 MOREHOUSE LANE NORWALK CT 06850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ake Wallin President & Director 32 Morehouse Lane, Norwalk, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CARELLO, WILLIAM M & Director 30 OLD KINGS HWY SOUTH DARIEN CT 06820	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lise J. Bacon Director 32 Morehouse Lane Norwalk, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete WALLENIUS-KLEBERG, MARGARETA MENHAMMER STUTERI, 17890 EKERO, SWEDEN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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 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: *Lise J. Bacon, Director* 5/1/04 203-852-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #