

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000005218

1. Entity Name
STONER MANOR, INC.



Principal Place of Business
**32 MOREHOUSE LANE
NORWALK, CT 06850**

Mailing Address
**P.O. BOX 575
NEW CANAAN, CT 06840**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1468039

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLIN, AKE 32 MOREHOUSE LANE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARELLO, WILLIAM M 30 OLD KINGS HWY SOUTH DARIEN, CT 06820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALLENUS-KLEBERG, MARGARETA MENHAMMER STUTERI, 17890 EKERO, SWEDEN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACON, LISE J 32 MOREHOUSE LANE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000177579
01/11/05-80050-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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
Lise J. Bacon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/05

Date

203-8529956

Daytime Phone #