

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 22, 2008 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**



02112008 No Chg-P CR2E034 (11/05)

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 re-registering) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLIN, AKE
STREET ADDRESS	32 MOREHOUSE LANE
CITY-ST-ZIP	NORWALK, CT 06850
TITLE	SD
NAME	CARELLO, WILLIAM M
STREET ADDRESS	30 OLD KINGS HWY SOUTH
CITY-ST-ZIP	DARIEN, CT 06820
TITLE	CD
NAME	WALLINIUS-KLEBERG, MARGARETA
STREET ADDRESS	MENHAMMER STUTERI, 17890
CITY-ST-ZIP	EKERO, SWEDEN,
TITLE	D
NAME	BACON, LISE J
STREET ADDRESS	32 MOREHOUSE LANE
CITY-ST-ZIP	NORWALK, CT 06850
TITLE	T
NAME	BEARDSLEY, JAMES F CPA
STREET ADDRESS	12 HALL STREET
CITY-ST-ZIP	EASTCHESTER, NY 10709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/29/08-80001-011 150.00

**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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/08
Date

203-852-9956
Daytime Phone #