

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85691

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: STONEHEDGE RESIDENTS' INCORPORATED

## Current Principal Place of Business:

39820 US HWY 19 NORTH  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 14357  
CLEARWATER, FL 33766

## New Mailing Address:

FEI Number: 59-2378480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERI-TECH REALTY, INC.  
1799-B NORTH BELCHER ROAD  
CLEARWATER, FL 33765 US

## Name and Address of New Registered Agent:

AMERI-TECH REALTY, INC.  
24701 US HIGHWAY 19 NORTH #102  
CLEARWATER, FL 33763 US

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.

SIGNATURE: MICHAEL G PEREZ, PRESIDENT

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, BOB  
Address: 39820 US 19 NORTH #54  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD ( ) Delete  
Name: IMMIG, WILLIAM  
Address: 39820 US 19 NORTH #154  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD ( ) Delete  
Name: MORTON, LOUISE  
Address: 39820 US 19 NORTH #220  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD ( ) Delete  
Name: LUCAS, JAYNE  
Address: 39820 US 19 NORTH, #35  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: ROGER, HUNTER  
Address: 39820 US 19 NORTH, # 187  
City-St-Zip: TARPON SPRGS, FL 34689

Title: D ( ) Delete  
Name: SEGO, GEORGE  
Address: 39820 US 19 NORTH #200  
City-St-Zip: TARPON SPRINGS, FL 34689

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB WILLIAMS

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date