

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85691

FILED
Apr 03, 2010
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.
24701 US HIGHWAY 19 NORTH #102
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: RICHARDS, RICHARD
Address: 39820 US 19 NORTH #39
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD
Name: AMSTUTZ, DICK
Address: 39820 US 19 NORTH #63
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP2D
Name: WILLIAMS, BOB
Address: 39820 US 19 NORTH #262
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: SD
Name: KOSLOSKI, LINDA
Address: 39820 US 19 NORTH #255
City-St-Zip: TARPON SPRGS, FL 34689

Title: D
Name: IMMIG, BILL
Address: 39820 US 19 NORTH #154
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: RICHARD RICHARDS

PD

04/03/2010

Electronic Signature of Signing Officer or Director

_____ Date