

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # J08619

1. Entity Name
STONER'S HELPING HANDS, INC.



Principal Place of Business
**206 S W 11 AVE
BOYNTON BEACH, FL 33435**

Mailing Address
**STONER'S HELPING HAND INC
PO BOX 1446
BOYNTON BEACH, FL 33435 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2669733

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STONER, PATRICIA L.
206 S W 11 AVE
BOYNTON BEACH, FL 33435**

**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	PD
NAME	STONER, PATRICIA L.
STREET ADDRESS	206 S W 11 AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

TITLE	ST
NAME	STONER, STEEN S.
STREET ADDRESS	206 S W 11 AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

TITLE	D
NAME	STONER, SHAWN L.
STREET ADDRESS	206 SW 11TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Steen S Stoner* **STEEN S STONER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05 561-732-5092

Date

Daytime Phone #