

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90094 009 \*\*\*150.00



**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



2. Principal Place of Business

2182 S.W. CONGRESS BLVD  
 Suite, Apt. #, etc.  
 BOYNTON BEACH, FL

3. Mailing Address

STONER'S HELPING HAND, INC.  
 Suite, Apt. #, etc.  
 P.O. Box 1446

1st MOORE CR2E034 (10/05)

City & State

33426

City & State

BOYNTON BEACH, FL

4. FEI Number

59-2669733

Applied For

Not Applicable

Zip

Country

PALM BEACH

Zip

33425-1446

Country

PALM BEACH

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STONER, PATRICIA L.	
STREET ADDRESS	206 S W 11 AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STONER, STEEN S.	
STREET ADDRESS	206 S W 11 AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	STONER, SHAWN L.	
STREET ADDRESS	206 SW 11TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Patricia L. Stoner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06

561-732-5092

Date

Daytime Phone #