

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # J08619

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



Principal Place of Business
**2182 SW CONGRESS BLVD
BOYNTON BEACH, FL 33426**

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



01082008 No Chg-P CR2E034 (11/05)

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.
2182 S. W. CONGRESS BLVD
BOYNTON BEACH, FL 33426**

**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 renewing)

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	STONER, PATRICIA L.
STREET ADDRESS	2182 S.W. CONGRESS BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	ST
NAME	STONER, SHAWN L.
STREET ADDRESS	2182 S. W. CONGRESS BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000777813
01/10/08-80023-025 150.00

**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 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

1-8-08

Date

561-732-5092

Daytime Phone #

PATRICIA L. STONER