

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # J11484

1. Entity Name
STONELEIGH, INC.



Principal Place of Business
**% WILLIAM W. ATTERBURY, III
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

Mailing Address
**% WILLIAM W. ATTERBURY, III
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2731221	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ATTERBURY, WILLIAM W III
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KELLER, LEWIS E JR.
STREET ADDRESS	220 SANFORD AVE.
CITY - ST - ZIP	PALM BEACH, FL

U000000171152
08/30/04-80006-010 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a fee employee 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 an other fee employee.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-04
Date

381-8009
Daytime Phone #