

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90332 017 ***150.00

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**

50010510



2. Principal Place of Business
340 Royal Poinciana Way

3. Mailing Address
340 Royal Poinciana Way

Suite, Apt. #, etc.
Suite 321

Suite, Apt. #, etc.
Suite 321

01132006

Chg-P

CR2E034 (11/05)

City & State
Palm Beach, Florida

City & State
Palm Beach, Florida

4. FEI Number
59-2731221

Applied For
Not Applicable

Zip
33480

Country
US

Zip
33480

Country
US

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**

7. Name and Address of New Registered Agent

Name
William W. Atterbury III
Street Address (P.O. Box Number is Not Acceptable)
340 Royal Poinciana Way
Suite 321
City
Palm Beach **FL** Zip Code
33480

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KELLER, LEWIS E JR. 220 SANFORD AVE. PALM BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-06
Date

**602
381-8009**
Daytime Phone #