2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69486

FILED Apr 21, 2009 Secretary of State

Entity Name: STONE ENGINEERING GROUP, INC.

Current Principal Place of Business:		New Principal Place of Business:		
.00 BAYI	MEADOWS W	/AY		
	VILLE, FL 32	256		
urrent M	lailing Addre	ss:	New Mailing Addres	s:
	MEADOWS W	'AY		
JITE 220 CKSON	, VILLE, FL 32	256		
l Number	: 59-2935824	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ıme and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
	E, DONNA M			
ITE 220	MEADOWS W) VILLE, FL 32			
JITE 220 .CKSON e above) VILLE, FL 32	256 US	purpose of changing its registere	ed office or registered agent, or both,
JITE 220 CKSON ie above the State) VILLE, FL 32 named entity e of Florida.	256 US	purpose of changing its registere	ed office or registered agent, or both,
JITE 220 CKSON le above the State) VILLE, FL 32 named entity e of Florida. RE:	256 US		ed office or registered agent, or both, Date
IITE 220 CKSON e above the State) VILLE, FL 32 named entity e of Florida. RE: Electro	256 US submits this statement for the		
JITE 220 ACKSON ne above the State GNATUI) VILLE, FL 32 named entity e of Florida. RE: Electro	256 US submits this statement for the nic Signature of Registered Ag	rent	
JITE 220 CKSON e above the State GNATUI	named entity of Florida. RE: Electro mpaign Financir S AND DIRECTO BUCHANAN, N	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete ANCY D SECY/TR DOWS WAY, SUITE 220	rent	Date
ITE 220 CKSON e above he State GNATUI ction Car FICER: e: ne: ress:	named entity of Florida. RE: Electro mpaign Financir S AND DIRECTOR SECY (BUCHANAN, N 7400 BAYMEA JACKSONVILL VP (BUCHANAN, N	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete ANCY D SECY/TR DOWS WAY, SUITE 220 E, FL 32256) Delete ANCY D VP DOWS WAY, SUITE 220	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. SNEDDON, P.E. PRES 04/21/2009