


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90027 004 ***150.00


DOCUMENT # M17463	
1. Entity Name STONER BROS. AUTOMOTIVE CORP.	

Principal Place of Business 5835 COMMERCE LANE S.MIAMI FL 33143	Mailing Address 5835 COMMERCE LANE S.MIAMI FL 33143
<i>5835 Commerce Lane, S. mi. Ami, FL. 33143</i>	

2. Principal Place of Business <i>5835 Commerce Lane</i>	3. Mailing Address <i>5835 Commerce Lane</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>SOUTH MIAMI, FL. 33143</i>	City & State <i>S. mi. Ami, FL. 33143</i>
Zip <i>33143</i>	Zip <i>33143</i>
Country <i>DADE</i>	Country <i>DADE</i>

4000000000



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2563318	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent STONER, JONATHAN MARC 5835 COMMERCE LANE S.MIAMI FL 33143	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PST STONER, JONATHAN MARC 250 GALEND DR., #34 <i>5835 Commerce Lane</i> KEY BISCAYNE FL <i>SOUTH MIAMI, FL. 33143</i>	
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

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 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: *Jonathan Marc Stoner* **1-19-05** **(305) 665-4382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #