

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90015 033 ****61.25

DOCUMENT # N05000004945

1. Entity Name

STONE STUDIO'S, INC.



Principal Place of Business

Mailing Address

820 S PARK AVE SUITE S
WINTER GARDEN FL 34787

820 S PARK AVE SUITE S
WINTER GARDEN FL 34787



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2992204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, JEREMY D
820 S PARK AVE SUITE S
WINTER GARDEN FL 34787

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JAMES, JEREMY D
STREET ADDRESS 820 S PARK AVE
CITY ST ZIP WINTER GARDEN FL 34787

TITLE VD ☐ Delete
NAME AUSTIN, TRAVIS
STREET ADDRESS 820 S PARK AVE
CITY ST ZIP WINTER GARDEN FL 34787

TITLE SD ☒ Delete
NAME JAMES, CLORETHA
STREET ADDRESS 820 S PARK AVE
CITY ST ZIP WINTER GARDEN FL 34787

TITLE TD ☐ Delete
NAME PRESLEY, SHERONE
STREET ADDRESS 820 S PARK AVE
CITY ST ZIP WINTER GARDEN FL 34787

TITLE D ☐ Delete
NAME MITCHELL, WILLIEMAE
STREET ADDRESS 820 S PARK AVE
CITY ST ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **SARISSA AUSTIN**
CITY ST ZIP **417 SOUTHERN PECAN Circle**
Winter Garden FLA 34787

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

Jeremy James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/07 (407)877-9533