

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004959

1. Entity Name
STONE CIRCLE INC.



Principal Place of Business
**2549 CLARINET DR
ORLANDO, FL 32837**

Mailing Address
**2549 CLARINET DR
ORLANDO, FL 32837**

DO NOT WRITE IN THIS SPACE



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3603919

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LINNANE, BRENDAN F
5705 HANSEL AVE.
ORLANDO, FL 32809**

**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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000094286
03/22/04-80053-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HERRICK, JANET 2549 CLARINET DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HARASTY, SALOME 3043 HOMESTEAD OAKS DRIVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASI, PETER 14415 DULCIMER COURT ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARASTY, GERALD 3043 HOMESTEAD OAKS DRIVE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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:

Janet Herrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 407-247-5391
Date Daytime Phone #