

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004959

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** STONE CIRCLE INC.

**Current Principal Place of Business:**

2549 CLARINET DR  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

2549 CLARINET DR  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 59-3603919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERRICK, JANET  
2549 CLARINET DR  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** HERRICK, JANET  
**Address:** 2549 CLARINET DR  
**City-St-Zip:** ORLANDO, FL 32837

**Title:** VTD  
**Name:** HARASTY, SALOME  
**Address:** 3043 HOMESTEAD OAKS DRIVE  
**City-St-Zip:** CLEARWATER, FL 33759

**Title:** DM  
**Name:** GRAY, MARGIE  
**Address:** 1109 6TH AVENUE, NE  
**City-St-Zip:** DILWORTH, MN 56529

**Title:** TRS  
**Name:** CROISSANT, DORIE  
**Address:** 4819 LORETTA LANE  
**City-St-Zip:** ORLANDO, FL 32821

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DORIE CROISSANT

TRS

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date