

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-07-2005 90003 013 ***150.00
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FILED

05 JUL 20 PM 12:42

SECRET
FALL 2005

DOCUMENT # P00000030559

1. Entity Name
STONER PLUMBING, INC.



Principal Place of Business
1205 MILL CREEK TRAIL
CANTONMENT, FL 32533

Mailing Address
1205 MILL CREEK TRAIL
CANTONMENT, FL 32533



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632094 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEATH, ROBERT NJR Clifford C. Stoner
4300 BAYOU BLVD. 1205 Mill Creek Tr.
SUITE 7 Cantonment, FL
RENSACOLA, FL 32508 32533

**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 *Clifford C. Stoner*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/05
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STONER, CLIFFORD C 1205 MILL CREEK TRAIL CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STONER, MARIE M 1205 MILL CREEK TRAIL CANTONMENT, FL 32533
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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)(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: *Clifford C. Stoner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05 850) 968-2373
Date Definite Phone