


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90128 020 ***150.00

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| DOCUMENT # P00000071712 |  |
| 1. Entity Name STONE'S DIAMOND S, INC. | |

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|---|---|
| Principal Place of Business 13574 NW US HIGHWAY 19 NORTH CHIEFLAND FL 32626 | Mailing Address PO BOX 419 CHIEFLAND FL 32644 |
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|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 13574 HWY 19 NORTH UNIT #1 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State CHIEFLAND, FL. |
| Zip | Zip 32626 |
| Country | Country LEVY |

1st MOORE CR2E034 (10/07)

| | |
|---|---|
| 6. Name and Address of Current Registered Agent STONE, RICHARD L. 13574 NW US HIGHWAY 19 NORTH CHIEFLAND FL 32626 | 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 transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STONE, RICHARD L PO BOX 419 N/A CHIEFLAND FL 32644 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STONE, NANCY M PO BOX 419 N/A CHIEFLAND FL 32644 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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:  **Richard L. Stone** **April 17, 2008** **352-490-6468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #