



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000102731 1. Entity Name STONEBURD HOMES, INC.	
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Principal Place of Business PO BOX 3286 SPRING HILL, FL 34611	Mailing Address PO BOX 3286 SPRING HILL, FL 34611
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DO NOT WRITE IN THIS SPACE



07042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3702576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRISK, DOUGLAS T
7488 ALHAMBRA COURT
SPRING HILL, FL 34606**

**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 *Prisk* *- No changes -* (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PRISK, DOUGLAS T PO BOX 3286 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST PRISK, PATRICIA H PO BOX 3286 SPRING HILL, FL 34611
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07/07/06-80006-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Prisk* *7.4.06* *352*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *684.7819*