


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000044266

1. Entity Name
STONE FRAMING, INC.



Principal Place of Business Mailing Address
116 SHOMATE DRIVE **2428 S MAPLE AVE**
LONGWOOD, FL 32750 **SANFORD, FL 32771**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03232006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3717914 Not Applicable

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

| | | | |
|--|--|--|------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DEVORE, ROSA 2428 S MAPLE AVE SANFORD, FL 32771 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 | PT | TITLE | |
| NAME | STONE, DAVID A | NAME | |
| STREET ADDRESS | 116 SHOMATE DR | STREET ADDRESS | U00000554609 |
| CITY-ST-ZIP | LONGWOOD, FL 32750 | CITY-ST-ZIP | 05/15/06-80098-022 150.00 |
| TITLE | VS | TITLE | |
| NAME | COWELL, TRACY A | NAME | |
| STREET ADDRESS | 116 SHOMATE DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD, FL 32750 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: _____ 4-20-06 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #