


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000104372		
1. Entity Name STONY CREEK CROSSING, INC.		
Principal Place of Business 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 US	Mailing Address 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 US	

FILED
08 APR -4 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3756081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent MANAUSA, DANIEL E 3520 THOMASVILLE RD 4TH FLOOR TALLAHASSEE, FL 32309

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, HOSSEIN 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASBURY, THOMAS B 3424 DORCHESTER CT TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GHAZVINI, BEHZAD 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, MEHRAN 2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/08--01034--012 **150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 850-205-5231

Date

Daytime Phone #