

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104372

Entity Name: STONY CREEK CROSSING, INC.

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 US

Current Mailing Address:

2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301 US

New Mailing Address:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 US

FEI Number: 59-3756081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAUSA, DANIEL E
3520 THOMASVILLE RD
4TH FLOOR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GHAZVINI, HOSSEIN
Address: 2811 E INDUSTRIAL PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: ASBURY, THOMAS B
Address: 3424 DORCHESTER CT
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: PD () Delete
Name: GHAZVINI, BEHZAD
Address: 2811 E INDUSTRIAL PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: GHAZVINI, MEHRAN
Address: 2811 E INDUSTRIAL PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GHAZVINI, HOSSEIN
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GHAZVINI, BEHZAD
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEHRAN GHAZVINI

D

04/12/2009

Electronic Signature of Signing Officer or Director

Date