


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000003052	
1. Entity Name STONE BULL, INC.	

FILED

07 FEB 27 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 19800 VETERANS BLVD UNIT B-5 PORT CHARLOTTE, FL 33954	Mailing Address 19800 VETERANS BLVD UNIT B-5 PORT CHARLOTTE, FL 33954
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2. Principal Place of Business - No P.O. Box # 1009 TROPICAL BLVD.	3. Mailing Address 1009 TROPICAL BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip 33948	Country CHARLOTTE

02132007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent COMBS, BRAD W 19800 VETERANS BLVD 1009 TROPICAL BLVD. UNIT B-5 PORT CHARLOTTE, FL 33954 PORT CHARLOTTE, FL 33948	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 02-0538297	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 59 Added to Fees	600093705156 03/19/07--01002--008 **200.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMBS, BRADLEY W 1009 TROPICAL AVE PORT CHARLOTTE, FL 33948 <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	VP COMBS, ROBERT L 2452 MAGNOLIA CIRCLE NORTH PORT, FL 34289 <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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date X 2-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #