

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000003052

1. Entity Name
STONE BULL, INC.



Principal Place of Business
1009 TROPICAL BLVD.
PORT CHARLOTTE, FL 33948

Mailing Address
1009 TROPICAL BLVD.
PORT CHARLOTTE, FL 33948



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 02-0538297 | 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

COMBS, BRAD W
1009 TROPICAL BLVD.
PORT CHARLOTTE, FL 33948

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00 May Be
Added to Fees**

U000000808215
02/07/08-80039-015_150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | COMBS, BRADLEY W |
| STREET ADDRESS | 1009 TROPICAL AVE |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33948 |
| TITLE | VP |
| NAME | COMBS, ROBERT L |
| STREET ADDRESS | 2452 MAGNOLIA CIRCLE |
| CITY-ST-ZIP | NORTH PORT, FL 34289 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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: *XBC*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #