


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

|   |         |   |                    |
|---|---------|---|--------------------|
| <b>DOCUMENT # P02000062176</b>  |         |  |                    |
| 1. Entity Name<br><b>STOCKBRIDGE PROPERTIES, INC.</b>   |         |   |                    |
| Principal Place of Business<br><b>5807 FAIRWOODS CIRCLE<br/>SARASOTA FL 34243</b>   |         | Mailing Address<br><b>P. O. BOX 2479<br/>SARASOTA FL 34230</b>                    |                    |
| 2. Principal Place of Business  |         | 3. Mailing Address  |                    |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |                    |
| City & State  |         | City & State  |                    |
| Zip   | Country | Zip   | Country            |
| 6. Name and Address of Current Registered Agent   |         | 7. Name and Address of New Registered Agent                                       |                    |
| <b>PERSSE, JOHN W<br/>1800 SECOND STREET<br/>SUITE 757<br/>SARASOTA FL 34236</b>  |         | Name  |                    |
|   |         | Street Address (P.O. Box Number is Not Acceptable)                                |                    |
|   |         | City  | <b>FL</b> Zip Code |
| 4. FEI Number <b>68-0513839</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For   |         |   |                    |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |         |   |                    |
| 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-registering)                   |                    |



1st MOORE CR2E034 (10/05)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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<br>NAME              | P/D<br><b>STEVENS, LEONARD B</b> | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Add: |
| STREET ADDRESS             | <b>5807 FAIRWOODS CIRCLE</b>     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34243</b>         | CITY-ST-ZIP   |   |
| TITLE<br>NAME              | S/D<br><b>STEVENS, ELIZABETH</b> | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Add: |
| STREET ADDRESS             | <b>5807 FAIRWOODS CIRCLE</b>     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34243</b>         | CITY-ST-ZIP   |   |
| TITLE<br>NAME              | <input type="checkbox"/> Delete  | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Add: |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE<br>NAME              | <input type="checkbox"/> Delete  | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Add: |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE<br>NAME              | <input type="checkbox"/> Delete  | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Add: |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
| TITLE<br>NAME              | <input type="checkbox"/> Delete  | TITLE<br>NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Add: |
| 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 Section 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:** Leonard B. Stevens **LEONARD B. STEVENS** 3-1-06 941-355-5218