


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000102249**  
 1. Entity Name  
**STIX & STONZ, INC.**



Principal Place of Business      Mailing Address  
**25 N BOULEVARD OF THE PRESIDENTS**      **25 N BOULEVARD OF THE PRESIDENTS**  
**SARASOTA FL 34236**      **SARASOTA FL 34236**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number **16-1629927**      Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAYLOR, AMY**  
**6619 63RD TERR. E**  
**BRADENTON FL 34203**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

B. 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, 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

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | HORIGAN, WILLIAM F JR |                                 |
| STREET ADDRESS | 68 BISHOPS CT RD #115 |                                 |
| CITY-ST-ZIP    | OSPREY FL 34229       |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | KAYLOR, AMY           |                                 |
| STREET ADDRESS | 6619 63RD TERR.E      |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34203    |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                                              |
|----------------|---------------------------|--------------------------------------------------------------|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                           |                                                              |
| STREET ADDRESS | U00000468125              |                                                              |
| CITY-ST-ZIP    | 03/24/06-80016-024 150.00 |                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                           |                                                              |
| STREET ADDRESS |                           |                                                              |
| CITY-ST-ZIP    |                           |                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                           |                                                              |
| STREET ADDRESS |                           |                                                              |
| CITY-ST-ZIP    |                           |                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                           |                                                              |
| STREET ADDRESS |                           |                                                              |
| 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: Amy Kaylor      Amy Kaylor      1/26/06      941 388-1322