

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097613

FILED
Jan 08, 2007
Secretary of State

Entity Name: STONER INSURANCE SERVICE INC.

Current Principal Place of Business:

1990 NE 8 STR
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

PO BOX 901475
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 20-0244424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONER, CHARLES K
2835 SE 5 PL
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

STONER, CHARLES K
2240 SE 19 AVE
HOMESTEAD, FL 33035 US

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:

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STONER, CHARLES K
Address: 2835 SE 5 PL
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP () Delete
Name: STONER, NAMOY N
Address: 2835 SE 5 PL
City-St-Zip: HOMESTEAD, FL 33033 US

Title: T () Delete
Name: STONER, TOK S
Address: 29831-33 SW 153 PL
City-St-Zip: HOMESTEAD, FL 33033 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STONER, CHARLES K
Address: 2240 SE 19 AVE
City-St-Zip: HOMESTEAD, FL 33035 US

Title: VP (X) Change () Addition
Name: STONER, NAMOY N
Address: 2240 SE 19 AVE
City-St-Zip: HOMESTEAD, FL 33035 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES K STONER

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date