


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90018 013 \*\*\*150.00

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| <b>DOCUMENT # P04000016401</b><br>1. Entity Name<br><b>STONE DETAIL, INC.</b> |  |
|---|---|

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| Principal Place of Business<br><b>1942 DANA DRIVE<br/>FORT MYERS, FL 33907</b> | Mailing Address<br><b>1942 DANA DRIVE<br/>FORT MYERS, FL 33907</b> |
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4000103--



01102007 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>42-1616542</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>GONZALEZ, VLADIMIR</b><br><b>2604 45 STREET SW</b><br><b>LEHIGH ACRES, FL 33971</b><br><i>2169 Trailwinds Drive<br/>Fort Myers, FL 33907</i> |
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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 *[Signature]* **President** DATE 4/16/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00.</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| <b>10. OFFICERS AND DIRECTORS</b>              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST.<br>GONZALEZ, VLADIMIR<br><del>2604 45 STREET SW</del> <i>2169 Trailwinds Drive</i><br><del>LEHIGH ACRES, FL 33971</del> <i>Fort Myers, FL 33907</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* **4/16/07** **234-850-4874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #