


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90016 036 \*\*\*158.75

**DOCUMENT # P04000024091**

1. Entity Name  
**STONER & CASON PAINTING, INC.**



Principal Place of Business  
**3509 KINGSBURY DR  
 HOLIDAY, FL 34691**

Mailing Address  
**3509 KINGSBURY DR  
 HOLIDAY, FL 34691**

**40092865**



2. Principal Place of Business  
**3509 Kingsbury Dr. Holiday**

3. Mailing Address  
**3509 Kingsbury Dr.**

Suite, Apt. #, etc.

05032006 Chg-P CR2E034 (11/05)

City & State  
**Holiday FL**

City & State  
**Holiday FL**

Zip  
**34691**

Country  
**US**

Zip  
**34691**

Country  
**US**

4. FEI Number  
**51-0496549**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STONER, RODNEY GENE  
 3509 KINGSBURY DR  
 HOLIDAY, FL 34691**

**7. Name and Address of New Registered Agent**

Name  
**RODNEY GENE STONER**

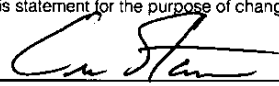
Street Address (P.O. Box Number is Not Acceptable)  
**3509 KINGSBURY DR.**

City  
**HOLIDAY**

State  
**FL**

Zip Code  
**34691**

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 **5-14-6**

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STONER, RODNEY GENE 3509 KINGSBURY DR HOLIDAY, FL 34691</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **5-14-6**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #