## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 AN Secretary of State DOCUMENT # P04000057652 1. Entity Name STONE AGENCY DESIGN & ADVERTISING, INC. Principal Place of Business Mailing Address 723 W HOGLE AVE. 723 W HOGLE AVE. DELAND, FL 32720 DELAND, FL 32720 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1882251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STONE, MICHAEK K DO NOT WRITE 517 W. RICH AVE. DELAND, FL 32720 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ##TLE NAME STONE, MICHAEL K STREET ADDRESS 517 W. RICH AVE. U00000553059 05/15/06-80037-003 150.00 CITY-ST-ZIP DELAND, FL 32720 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 3133 F STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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** 

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X64PAOL 386)717-60

FILED