

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000057652

1. Entity Name
STONE AGENCY DESIGN & ADVERTISING, INC.



Principal Place of Business
**723 W HOGLA AVE.
DELAND, FL 32720**

Mailing Address
**723 W HOGLA AVE.
DELAND, FL 32720**



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1882251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONE, MICHAEL K
517 W. RICH AVE.
DELAND, FL 32720**

**DO NOT WRITE
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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!! - FEE IS \$150.00 -
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STONE, MICHAEL K
517 W. RICH AVE.
DELAND, FL 32720**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000760831
05/25/07-80031-003 150.00

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 Apr 07 386 717-6709
Date Daytime Phone #