2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069074

City-St-Zip:

JACKSONVILLE, FL 32255

FILED May 10, 2005 Secretary of State

Entity Nai	me: STONEWC	RK ELITE PROPERTIES, IN	IC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX JACKSON	550621 VILLE, FL 3225{	5 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX JACKSON	550621 VILLE, FL 3225{	5 US			
FEI Number:	: 55-0865784	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SHIFFERT, JOHN 3350 HICKORY HAMMOCK RD. JACKSONVILLE, FL 32226 US			SHIFFERT, JOHN P.O. BOX 550621 JACKSONVILLE, FL 3		
The above in the State	named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JOHN SHIFFERT				05/10/2005	
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no rust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () D GRILLO, MARK P.O. BOX 550621 JACKSONVILLE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D ALEXANDER, LEE P.O. BOX 550621 JACKSONVILLE,	E D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DIR () DI SHIFFERT, JOHN P.O. BOX 550621	F	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: JOHN SHIFFERT DIR 05/10/2005