


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90063 046 \*\*\*550.00

<b>DOCUMENT # P04000112835</b> 1. Entity Name <b>STONE MARINE GENERAL CONTRACTORS INC</b>																																																																							
Principal Place of Business <del>18571 SW 104 AVE</del> <b>MIAMI, FL 33157</b>			Mailing Address <del>18571 SW 104 AVE</del> <b>MIAMI, FL 33157</b>																																																																				
2. Principal Place of Business <b>4242 NE 6 AV</b> Suite, Apt. #, etc. <b>C7</b>		3. Mailing Address <b>727 NE 37 ST.</b> Suite, Apt. #, etc.																																																																					
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>		4. FEI Number <b>20-1445198</b>																																																																			
Zip <b>33334</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																			
6. Name and Address of Current Registered Agent  <b>STONE, PHILLIP</b> <b>727 NE 37 ST</b> <b>FT LAUDERDALE, FL 33334</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code																																																																			
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 <u>Philip Stone</u> (NOTE: Registered Agent signature required when reinstating) DATE																																																																							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																				
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:30%;">NAME</td> <td style="width:40%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>STONE, PHILLIP</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>18571 SW 104 AVE</del> <b>727 NE 37 ST.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>MIAMI, FL 33157</del> <b>FT. LAUDERDALE</b></td> <td></td> </tr> <tr> <td></td> <td><b>33334</b></td> <td>Delete <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>STONE, PHILLIP</b>		STREET ADDRESS	<del>18571 SW 104 AVE</del> <b>727 NE 37 ST.</b>		CITY-ST-ZIP	<del>MIAMI, FL 33157</del> <b>FT. LAUDERDALE</b>			<b>33334</b>	Delete <input type="checkbox"/>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:30%;">NAME</td> <td style="width:40%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td></td><td></td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td></td><td></td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td></td><td></td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td></td><td></td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP					Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP					Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP					Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP					Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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: <u>Philip Stone</u> <b>PHILIP STONE</b> <u>8/21/06</u> <u>954.914.8968</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																							