2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000136022 1. Entity Name 02-09-2006 90040 014 ***150.00 SOLID STONE INVESTMENTS, INC. Principal Place of Business Mailing Address 1991 TIMBERLINE DR 1991 TIMBERLINE DR KUU13404 NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address 3270 514 AVE NW 3270 STAVE NW Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For NAGLAN 20-1689628 Not Applicable NAPL Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 34120 34120 مردں Fee Required AZU 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCIRE Street Address (P.O. Box Number is Not Acceptable) SCIRE, STEPHEN 1991 TIMBERLINE DR NAPLES, FL 34109 Zip Code **3∀1**とい City 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 agen SIGNATURE: gistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 29 TITLE Delete TITLE Change | ☐ Addition Sciel, STEPHEN 3270 STH AVE NW NAME SCIRE, STEPHEN NAME STREET ADDRESS 1991 TIMBERLINE DR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP NAPLES, FL. 34120 Delete TITLE TITLE Change ☐ Addition SCIRE, VINCENT NAME NAME 222 CANCA RD STREET ADDRESS 1991 TIMBERLINE DR STREET ADDRESS CITY-ST-7IP NAPLES, FL 34109 CITY-ST-7IP as Fe. 34108 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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. 279-754-3697 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

Feb 09, 2006 8:00 am