

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90009 022 \*\*\*150.00

**DOCUMENT # P05000061154**

1. Entity Name  
**STONEWALK INTERIORS INC**



Principal Place of Business

% JAMES HARPOLD  
503 MONTERREY RD  
STUART, FL 34994

Mailing Address

% JAMES HARPOLD  
503 MONTERREY RD  
STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**



03182007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2694977**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARPOLD, JAMES  
503 MONTERREY RD  
STUART, FL 34994

**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 reinstating)

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 P  
NAME HARPOLD, JAMES  
STREET ADDRESS 503 MONTERREY RD  
CITY-ST-ZIP STUART, FL 34994

TITLE VP  
NAME TABBERT, JULIA  
STREET ADDRESS 503 MONTERREY RD  
CITY-ST-ZIP STUART, FL 34994

TITLE ST  
NAME TABBERT, JARROD  
STREET ADDRESS 503 MONTERREY RD  
CITY-ST-ZIP STUART, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-19-07 772-370-8308**

Date

Daytime Phone #