


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90006 024 \*\*\*150.00

<b>DOCUMENT # P05000066145</b>	
1. Entity Name <b>STONE EXPRESS, INC.</b>	

Principal Place of Business <b>2350 BUTTERFLY PALM DRIVE NAPLES FL 34119</b>	Mailing Address <b>2350 BUTTERFLY PALM DRIVE NAPLES FL 34119</b>
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2. Principal Place of Business <b>3573 ENTERPRISE AVE</b> Suite, Apt. #, etc. <b>UNIT 64-65</b>	3. Mailing Address <b>3573 ENTERPRISE AVE</b> Suite, Apt. #, etc. <b>UNIT 64-65</b>
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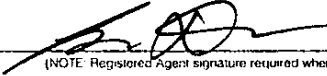
1st MOORE CR2E034 (10/05)

City & State <b>NAPLES FLORIDA</b>	City & State <b>NAPLES FLORIDA</b>	4. FEI Number <b>20-2587401</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34104</b>	Country <b>COLLIER</b>	Zip <b>34104</b>	Country <b>COLLIER</b>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SIESKY, JAMES H 1000 TAMiami TRAIL N. SUITE 201 NAPLES FL 34102</b>
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7. Name and Address of New Registered Agent Name <b>GEORGE DOSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2350 BUTTERFLY PALM DRIVE</b> City <b>NAPLES</b> FL Zip Code <b>34104</b>
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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 <b>GEORGE DOSA</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	 <small>(NOTE: Registered Agent signature required when reappointing)</small>	<b>02/28/06</b> <small>DATE</small>
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**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D DOSA, GEORGE 2350 BUTTERFLY PALM DRIVE NAPLES FL 34119</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D KOMLOSY, JOHN 925 MOON LAKE DRIVE NAPLES FL 34104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D IMRICH, STEVEN 4470 20TH STREET NE NAPLES FL 34120</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	<b>GEORGE DOSA</b>	<b>02/28/06</b>	<b>239-287-5017</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>