


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90073 033 \*\*\*150.00

<b>DOCUMENT # P06000012883</b> 1. Entity Name <b>STONE DESIGN &amp; SOLUTIONS, INC.</b>					
Principal Place of Business <b>13757 49TH STREET NORTH UNIT B-1 CLEARWATER, FL 33762</b>			Mailing Address <b>13757 49TH STREET NORTH UNIT B-1 CLEARWATER, FL 33762</b>		
2. Principal Place of Business - No P.O. Box # <b>10606 49th St N</b>		3. Mailing Address <b>10606 49th St N</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>CLEARWATER FL</b>		City & State <b>CLEARWATER FL</b>		4. FEI Number <b>56-2556364</b>	
Zip <b>33762</b>		Country <b>USA</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>DESMOND, JAMES M 3238 BLUFF BLVD HOLIDAY, FL 34691</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8330 NIGHT OWL COURT</b>  City <b>NEW PORT RICHEY FL</b> Zip <b>34655</b>		
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><i>James M. Desmond</i></u> <b>JAMES M DESMOND PRES 4-29-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DESMOND, JAMES M 3238 BLUFF BLVD. HOLIDAY, FL 34691</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8330 NIGHT OWL COURT NEW PORT RICHEY FL 34655</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TREJOS, GUSTAVO A 10539 GOOSEBERRY COURT TRINITY, FL 34655</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15036 WIND WHISPER DR ODESSA FL 33556</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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><i>James M. Desmond</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>JAMES M DESMOND</b> PRESIDENT		

40111



04262007 Chg-P CR2E034 (12/06)

4-29-07 (727) 864-6413