

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90431 005 \*\*\*150.00

**DOCUMENT # P06000121156**

1. Entity Name  
**CHERYL STONE ANTIQUES, INC.**



Principal Place of Business  
**1300 THIRD STREET SOUTH  
NAPLES, FL 34102 US**

Mailing Address  
**1300 THIRD STREET SOUTH  
NAPLES, FL 34102 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**20-5581797**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCARDLE, MICHAEL W ESQ.  
3033 RIVIERA DRIVE  
SUITE 201  
NAPLES, FL 34103**

Name **CHERYL STONE**

Street Address (P.O. Box Number is Not Acceptable)

**1300 THIRD STREET SOUTH**

City

**NAPLES**

FL

Zip Code

**34102**

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

*Cheryl Stone*  
Signature, typed or printed name of registered agent and title if applicable

*Cheryl Stone*  
(NOTE: Registered Agent signature required when reappointing)

**4/26/07**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
STONE, CHERYL  
1300 THIRD STREET SOUTH  
NAPLES, FL 34102** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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:

*Cheryl Stone* **CHERYL STONE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/07**  
Date

**239-263-4457**  
Daytime Phone #