

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065424

Entity Name: STONE INSURANCE, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

2630 SE COUNTY ROAD 21B
MELROSE, FL 326665112 US

New Principal Place of Business:

9322 SW 41ST LANE
GAINESVILLE, FL 326084168 US

Current Mailing Address:

2630 SE COUNTY ROAD 21B
MELROSE, FL 326665112 US

New Mailing Address:

9322 SW 41ST LANE
GAINESVILLE, FL 326084168 US

FEI Number: 59-3269615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, JAMES H
2630 SE COUNTY ROAD 21B
MELROSE, FL 326665112 US

Name and Address of New Registered Agent:

STONE, JAMES H
9322 SW 41ST LANE
GAINESVILLE, FL 326084126 US

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.

SIGNATURE:

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STONE, JAMES H
Address: 2630 SE COUNTY ROAD 21B
City-St-Zip: MELROSE, FL 326665112

Title: TSD () Delete
Name: STONE, BETTY G
Address: 2630 COUNTY ROAD 21B
City-St-Zip: MELROSE, FL 326665112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STONE, JAMES H
Address: 9322 SW 41ST LANE
City-St-Zip: GAINESVILLE, FL 326084168 US

Title: TSD (X) Change () Addition
Name: STONE, BETTY G
Address: 9322SW 41ST LANE
City-St-Zip: GAINESVILLE, FL 326084168 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. STONE

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date