

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000065424

**Entity Name:** STONE INSURANCE, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9322 SW 41ST LANE  
GAINESVILLE, FL 326084168 US

**New Principal Place of Business:**

**Current Mailing Address:**

9322 SW 41ST LANE  
GAINESVILLE, FL 326084168 US

**New Mailing Address:**

**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  
9322 SW 41ST LANE  
GAINESVILLE, FL 326084168 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES H. STONE

PD

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date