

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90107 039 ***150.00

DOCUMENT # P95000040108

1. Entity Name

STONE'S PLAZA, INC.



Principal Place of Business

2150 GOODLETTE ROAD
SUITE 700
NAPLES FL 34102
US

Mailing Address

2150 GOODLETTE ROAD
SUITE 700
NAPLES FL 34102
US

2. Principal Place of Business - No P.O. Box #
1460 GOLDEN GATE PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

436 BAYFRONT PLACE

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34105

Country

USA

Zip

34102-6454

Country

USA

4. FEI Number **65-0582584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

BRYANT, EDWARD R JR.
2663 AIRPORT RD ST
STE D110
NAPLES FL 34012

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STONEBURNER, CRIS
2150 GOODLETTE ROAD, SUITE 700
NAPLES FL 34102 ☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
436 BAYFRONT PLACE
NAPLES, FL 34102-6454 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS STONEBURNER
PRESIDENT

Date

02-01-07 239-649-8700

Daytime Phone #