


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000090749 1. Entity Name STONYBROOK INVESTORS, INC.	
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Principal Place of Business 7227 CLINT MOORE BLVD BOCA RATON, FL 33496	Mailing Address 7227 CLINT MOORE BLVD BOCA RATON, FL 33496
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01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0623159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, JEFFREY A 6751 N. FEDERAL HIGHWAY BOCA RATON, FL 33487
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**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PTD ANSEL, JEROME 7227 CLINTMOORE RD. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S REITSMA, RONALD 7227 CLINTMOORE RD. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRIAON, ARTHUR J 7227 CLINT MOORE RD BOCA RATON, FL 33496
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04/09/08-80128-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

56-487-0700

Daytime Phone #