


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90192 022 ***150.00

DOCUMENT # P96000035057																											
1. Entity Name STONE AVE. RENTAL PROPERTIES OF TALLAHASSEE, INC.																											
Principal Place of Business 3343 GALLAN FOX TALLAHASSEE, FL 32309		Mailing Address 3343 GALLAN FOX TALLAHASSEE, FL 32309																									
2. Principal Place of Business 5378 Appledore Ln Tallahassee FL 32309		3. Mailing Address 5378 Appledore Ln Tallahassee FL 32309																									
4. FEI Number 59-3425436		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 MAYFIELD, NORMAN 3343 GALLANT FOX TR. TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Norman Mayfield 5378 Appledore Ln Tallahassee FL 32309																									
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: Norman Mayfield NORMAN MAYFIELD 2-24-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Norman Mayfield - NORMAN MAYFIELD (P) **2-24-05 (850)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 385-9328