

FILED
Mar 04, 2008 8:00 am
Secretary of State

01-30-2008 90037 031 ***150.00

DOCUMENT # P96000086222 1. Entity Name STONEYPOINT CORP		Secretary of State 01-30-2008 90037 031 ***150.00	
Principal Place of Business P.O. BOX 6661 SPRING HILL FL 34611		Mailing Address P.O. BOX 6661 SPRING HILL FL 34611	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent KOLLENBAUM, KEITH P.O. BOX 6661 SPRING HILL FL 34611		7. Name and Address of New Registered Agent Name KEITH KOLLENBAUM Street Address (P.O. Box Number is Not Acceptable) 1402 CIRCLE DR. City TALON SPRINGS FL Zip Code 34689	
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 _____ DATE _____ (Signature typed or printed name of registered agent and state, if applicable) (NOTE: Registered Agent's signature required when transferring)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST KOLLENBAUM, KEITH P.O. BOX 6661 SPRING HILL FL 34611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KOLLENBAUM, WILBERT 7417 GREYSTONE DRIVE BAYONET POINT FL 34667-3042	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 my address, with all other like empowered.			
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		125/28 727-992-5263 Page No. Print #	