

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021509

FILED  
Jul 02, 2010  
Secretary of State

**Entity Name:** STONEHILL INVESTMENT PARTNERSHIP, INC.

**Current Principal Place of Business:**

501 S. LINCOLN AVENUE  
SUITE 15  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

501 S. LINCOLN AVENUE  
SUITE 15  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-3456023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABOUD, ANTHONY G PSTD  
501 S. LINCOLN AVENUE  
SUITE 15  
CLEARWATER, FL 33756 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: PSTD  
Name: ABOUD, ANTHONY G  
Address: 501 S. LINCOLN AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: VP  
Name: HOSSEINI, CHARLENE  
Address: 501 S. LINCOLN AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: VP  
Name: DEFELICE, MARYANN  
Address: 501 S. LINCOLN AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: VP  
Name: SACCO, KEVIN  
Address: 501 S. LINCOLN AVENUE  
City-St-Zip: CLEARWATER, FL 33756

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: ANTHONY ABOUD

PSTD

07/02/2010

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

\_\_\_\_\_  
Date