

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000036755

1. Entity Name

STONEGATE GENERAL CORPORATION



RECEIVED FILED

FEB 28 2005 08:00 AM
Secretary of State

Principal Place of Business

1 W. SAMPLE RD
STE 101
POMPANO BEACH FL 33064
US

Mailing Address

1 W. SAMPLE RD
STE 101
POMPANO BEACH FL 33064
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2552647

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UPCHURCH, FRANK D III
780 NORTH PONCE DE LEON BLVD.
ST AUGUSTINE FL 32084

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 Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PD ☐ Delete
NAME HELD, MICHAEL J
STREET ADDRESS 1 WEST SAMPLE RD, #101
CITY- ST- ZIP POMPAN BEACH FL 33064

TITLE VD ☐ Delete
NAME HELD, ROBERT T SR.
STREET ADDRESS 1 W SAMPLE RD, STE. 101
CITY- ST- ZIP POMPAN BEACH FL 33064

TITLE D ☐ Delete
NAME ROSS, MICHAEL L
STREET ADDRESS P.O. BOX 5958
CITY- ST- ZIP MARYVILLE TN 37802

TITLE D ☐ Delete
NAME HICKS, CHARLES B
STREET ADDRESS 240 W TENNESSEE AVENUE
CITY- ST- ZIP OAK RIDGE TN 37831

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000337565
CITY- ST- ZIP 04/27/05-80172-024 158.75

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/11/05

954-491-2300

Date

Daytime Phone #