2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED \_\_\_ Jul 19, 2007 08:00 AM DOCUMENT # P97000042653 **Secretary of State** 1. Entity Name STONE'S TAX & ACCOUNTING SERVICE, INC. Principal Place of Business Mailing Address 4500 BELVEDERE RD. 4500 BELVEDERÉ RD. SUITE F WEST PALM BEACH FL 33415-1357 WEST PALM BEACH FL 33415-1357 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 2nd MOORE CR2E034 (4/07) 4. FEI Number 65-0759165 City & State City & State Applied For Not Applicable Zip Zin \$8.75 Additional Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONE, DALE R Street Address (P.O. Box Number is Not Acceptable) 13048 41ST LANE (NORTH) ROYAL PALM BEACH FL 33411-8605 City 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 NOTE Registerial Agent signature sequired when reinstating DATE FILE NOW!!! FEE IS \$550.00 S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May 8e DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition ☐ Delete 3114 THE STONE, HILTON F JR. NAME NAME U00000769548 6387 VIA TOWNSEND STREET ADDRESS STREET ADDRESS 07/19/07-80005-014 150.00 WEST PALM BEACH FL 33415-2462 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Oelete TITLE STONE, DALE R NAME NAME 13048 41ST LANE (NORTH) STREET ADDRESS STREET ADDRESS. ROYAL PALM BEACH FL 33411-8605 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Chance. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST-7IP ☐ Addition ☐ Change THRE Delete TITLE MANE MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP Change ☐ Addition ☐ Oelete TITLE TITLE MAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

IGNATURE: WILL J. D. HILLON F. STONE JR 7-16-07 683-0866
SIGNATURE AND TYPED OR PRINTED NAME OF GRAHING OFFICER OR DIRECTOR Dale Depting Proces & Depting Proces &

changed, or on an attachment with an address, with all other like empowered.