

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90118 045 ***150.00

DOCUMENT # P98000003583

1. Entity Name
STONERIDGE 3900 CORP.



Principal Place of Business
**2801 S.W. ARCHER RD.
GAINESVILLE, FL 32608**

Mailing Address
**2801 S.W. ARCHER RD.
GAINESVILLE, FL 32608**

20016506



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3519828

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EMMER, PHILIP I
2801 S.W. ARCHER RD.
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name **MCGRUFF, LORI E**

Street Address (P.O. Box Number is Not Acceptable)

2801 SW ARCHER ROAD

City **GAINESVILLE**

FL

Zip **32608**

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]

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **EMMER, PHILIP I**
STREET ADDRESS **2801 S.W. ARCHER RD.**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☐ Delete
NAME **EMMER, BARBARA L**
STREET ADDRESS **2801 S.W. ARCHER RD.**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **PD** ☐ Delete
NAME **MCGRUFF, LORI E**
STREET ADDRESS **2801 S.W. ARCHER RD.**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **T/S** ☐ Delete
NAME **SNOOK, ORIANNA J**
STREET ADDRESS **2801 S.W. ARCHER ROAD**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

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
CITY-ST-ZIP

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

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

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

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

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #