

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90033 037 ***150.00

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1. Entity Name
STONEHURST DEVELOPMENT CORPORATION



Principal Place of Business
**1050 S. LAKE SYBELIA DRIVE
MAITLAND, FL 32751**

Mailing Address
**1050 S. LAKE SYBELIA DRIVE
MAITLAND, FL 32751**

50015738



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3496866

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**CRONE, MARK A
1050 S. LAKE SYBELIA DRIVE
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRONE, MARK A
STREET ADDRESS 1050 S. LAKE SYBELIA DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE TD
NAME CRONE, LORA N
STREET ADDRESS 1050 S. LAKE SYBELIA DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VD
NAME PHILPOT, SCOTT
STREET ADDRESS 1050 S. LAKE SYBELIA DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE SD
NAME PHILPOT, ROBIN
STREET ADDRESS 1050 S. LAKE SYBELIA DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Jan 27, 05 407-539-1050