

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90062 022 \*\*\*150.00

**DOCUMENT # P98000021899**

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-3496866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2008 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 ☐ Delete  
STREET ADDRESS 1050 S. LAKE SYBELIA DRIVE  
CITY-ST-ZIP MAITLAND, FL 32751

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

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

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

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 4078 Scarlett Iris Place  
CITY-ST-ZIP Winter Park, FL 32792-9412

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4078 Scarlett Iris Place  
CITY-ST-ZIP Winter Park, FL 32792-9412

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

2-1-2008

Date

407-539-1050

Daytime Phone #