

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90024 032 \*\*\*150.00

**DOCUMENT # P98000025861**

1. Entity Name

STONEHEDGE REALTY, INC.



Principal Place of Business

39820 US HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689

Mailing Address

39820 US HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689

00004433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3502740

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

CIANFRONE, JOSEPH R  
1968 BAYSHOR BOULEVARD  
DUNEDIN FL 34698

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME WILLIAMS, ROBERT  
STREET ADDRESS 39820 US 19 NORTH, # 54  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE D ☒ Delete  
NAME WALPOLE, WILLIAM  
STREET ADDRESS 39820 US 19 NORTH LOT 201  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ Change ☒ Addition  
NAME Immig, William  
STREET ADDRESS 39820 US 19 North, #154  
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE D ☒ Delete  
NAME ELTON, SUSAN  
STREET ADDRESS 39820 US 19 NORTH LOT 13  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ Change ☒ Addition  
NAME Amstutz, Richard  
STREET ADDRESS 39820 US 19 North, #63  
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE D ☐ Delete  
NAME MCGINNIS, DONALD  
STREET ADDRESS 39820 US 19 N #175  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE D ☐ Delete  
NAME MILLER, MARSHA  
STREET ADDRESS 39820 US 19 NORTH, # 11  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE D ☒ Delete  
NAME MORTON, LOUISE  
STREET ADDRESS 39820 US 19 NORTH #220  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ Change ☒ Addition  
NAME Dutch, Naomi  
STREET ADDRESS 39820 US 19 North, #216  
CITY-ST-ZIP Tarpon Springs, FL 34689

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Richard Amstutz*

Richard Amstutz

3/8/06

727-934-7917

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #