

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000027184

1. Entity Name

STONEBURNER REALTY CORPORATION



Principal Place of Business

2150 GOODLETTE ROAD SUITE 700
NAPLES, FL 34102

Mailing Address

2150 GOODLETTE ROAD
SUITE 700
NAPLES, FL 34102-4812

FILED

05 MAR 11 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132005 No Chg-P CR2E034 (10/03)

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4. FEI Number

59-2089793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAULICH, JOHN-III
801 ANCHOR RODE DR SUITE 203
NAPLES, FL 34102

**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

000048831790
03/22/05--01012--023 **350.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STONEBURNER, KEVIN
STREET ADDRESS	2150 GOODLETTE ROAD SUITE 700
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

KEVIN L. STONEBURNER

02-05-05

239-649-8700

Date

Daytime Phone #