## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000079375**

Entity Name
 STONEY BROOK ENTERPRISES, INC.



FILED Apr 27, 2005 08:00 AM Secretary of State

Principal Place of Business

2780 ADMIRAL'S WALK DR., E ORANGE PARK, FL 32073 Mailing Address

2780 ADMIRAL'S WALK DR., E ORANGE PARK, FL 32073



## DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3536095 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

288-6000 Ext 1891

6. Name and Address of Current Registered Agent

CRUCE, ROGER W 2780 ADMIRAL'S WALK DR., E ORANGE PARK, FL 32073

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registers	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable (NOTE Registore	d Agent signature required when reinstating)	DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	\$5.00 May Be		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CRUCE, ROGER W 2780 ADMIRAL'S WALK DR., E ORANGE PARK, FL 32073				- <u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUCE, PATRICIA L 2780 ADMIRAL'S WALK DR., E ORANGE PARK, FL 32073		] 	000000335510 04/27/05-80089-013 150.00	 0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					-
12. I hereby of indicated of the corchanged,	perfity that the information supplied with this fit on this report or supplemental report is true a poration or the receive or trustee empowers or on an attichment with an address, with all	fing does not qualify for the exe and accurate and that my signa d to execute this report as requi other like empowered.		(f), Florida Statules 1 further certify that the inforct as if made under oath, that I am an officer or ces, and that my name appears block 10 or Bloc	nation director ock 11 if

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR