

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000085025

1. Entity Name

STONES DESIGN GROUP, INC.



Principal Place of Business

885 ~~DEDALIS~~ ST SUITE 201  
OCOE FL 34761  
US

Mailing Address

885 ~~DEDALIS~~ ST SUITE 201  
OCOE FL 34761  
US

2. Principal Place of Business

885 Sedalia St

Suite, Apt. #, etc.

Suite 201

City & State

Ocoee

Zip

34761

Country

Orange

3. Mailing Address

885 Sedalia

Suite, Apt. #, etc.

Suite 201

City & State

Ocoee

Zip

34761

Country

Orange

4. FEI Number

59-3535301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STONES, MARILOU H  
3421 PINE TREE ROAD  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

Marilou H. Stones

Street Address (P.O. Box Number is Not Acceptable)

885 Sedalia St., Suite 201

City

Ocoee

FL

Zip Code

34761

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

Marilou Stones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE PSTD ☐ Delete  
NAME STONES, MARILOU H  
STREET ADDRESS 3421 PINE TREE ROAD  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PSTD ☒ Change ☐ Addition  
NAME Stones, Marilou H  
STREET ADDRESS 885 Sedalia St., Suite 201  
CITY-ST-ZIP Ocoee, FL 34761

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

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

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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 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:

Marilou Stones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.1.05 407.253.2810

Date

Daytime Phone #

FILED

05 MAY 12 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)