2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S56224

1. Entity Name
STONEHOUSE SUPPLY, INC.

FILED
05 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07032005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4269 LAKE ELEANOR DRIVE MOUNT DORA, FL 32757	4269 LAKE ELEANOR DRIVE MOUNT DORA, FL 32757

2. Principal Place of Business	3. Mailing Address
3080 Fairlane Farms Rd.	3080 Fairlane Farms Rd.
Suite, Apt. #, etc. # 3	Suite, Apt. #, etc. # 3
City & State Wellington, FL	City & State Wellington, FL
Zip 33414 Country USA	Zip 33414 Country USA

4. FEI Number
~~59-3071575~~ 20-3090988
☐ 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
WARD, CLYDE 4269 LAKE ELEANOR DRIVE MOUNT DORA, FL 32757	Name: Mary Upthegrove Street Address (P.O. Box Number is Not Acceptable): 3080 Fairlane Farms Road, #3 City: Wellington FL Zip Code: 33414

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: Mary Upthegrove Mary Upthegrove 7-5-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, CLYDE 4269 LAKE ELEANOR DRIVE MOUNT DORA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mary J. Upthegrove 3080 Fairlane Farms Road #3 Wellington, FL 33414 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400058303574 08/05/05--01066--023 **70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$98/4 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mary J. Upthegrove 7-5-05 561-792-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #