

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90154 015 \*\*\*150.00

**DOCUMENT # S62719**

1. Entity Name

STONEWOOD OF DUVAL COUNTY, INC.



Principal Place of Business

880 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176 US

Mailing Address

880 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176 US

2. Principal Place of Business

1901 MASON AVENUE

3. Mailing Address

1901 MASON AVENUE

Suite, Apt. #, etc.

SUITE 107

Suite, Apt. #, etc.

SUITE 107

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32117

Country

USA

Zip

32117

Country

USA

02282006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3108572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWEET, JEFFREY C  
595 W. GRANADA BLVD.  
SUITE A  
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SWEET, JEFFREY C  
STREET ADDRESS 595 W. GRANADA BLVD., STE. A  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Delete  
NAME GILLESPIE, JR, THURMAN M.D.  
STREET ADDRESS 880 JOHN ANDERSON DR  
CITY-ST-ZIP ORMOND BEACH, FL 32176

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Chapter 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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

Daytime Phone #