

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63006

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: STONECREST MANAGEMENT, INC.

**Current Principal Place of Business:**

11560 SE 176TH PLACE ROAD  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

**Current Mailing Address:**

11560 SE 176TH PLACE ROAD  
SUMMERFIELD, FL 34491 US

**New Mailing Address:**

FEI Number: 59-3072930      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTSON, L H JR.  
11560 SE 176TH PLACE ROAD  
SUMMERFIELD, FL 34491 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBERTSON, L H  
Address: 11560 SE 176TH PLACE ROAD  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete  
Name: LINEBERRY, CHARLES,  
Address: 400 AVINGER LANE SUITE 401  
City-St-Zip: DAVIDSON, NC 28031

Title: D ( ) Delete  
Name: MAGUIRE, RAY,  
Address: 26 S.PENNYLVANIA AVE#200  
City-St-Zip: ATLANTIC CITY, NJ 08401 US

Title: D ( ) Delete  
Name: BRUCH, DUANE,  
Address: 352 CROMPTON STREET  
City-St-Zip: CHARLOTTE, NC 28273

Title: D ( ) Delete  
Name: HENSON, STEVE  
Address: 5353 S. LINDBERG #200  
City-St-Zip: ST. LOUIS, MO 63129

Title: D ( ) Delete  
Name: SCHWARTZ, SAM,  
Address: 2120 E. MAYA PALM DRIVE  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. HALL ROBERTSON, JR.

P

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date