


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 8:00 am
Secretary of State

04-25-2008 90120 037 ***150.00

DOCUMENT # S88692			
1. Entity Name STONE CENTER, INC.			
Principal Place of Business 2205 E. EDGEWOOD DR. LAKELAND FL 33803 US		Mailing Address P.O. BOX 1115 EATON PARK FL 33840 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MORRISON, JOSEPH A. 3500 S. FLORIDA AVE. LAKELAND FL 33813		4. FEI Number 59-3091798	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		1st MOORE CR2E034 (10/07)	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>David C Beck</i>		DATE 4-10-08	
Signature, typed or printed name of registered agent and the filer (if filer is not the registered agent)		DATE	
NOTE: Registered Agent is prohibited from being the filer.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD BECK, DAVID 1107 ROLLING WOODS LANE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 filing empowers.			
SIGNATURE: <i>David C Beck</i>		DATE: 5-20-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	