


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V32409	
1. Entity Name STONY CREEK, INC.	

Principal Place of Business 1663 MOUND STREET SARASOTA, FL 34236	Mailing Address 1663 MOUND STREET SARASOTA, FL 34236
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3839876	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FURMAN, ROBERT G
1663 MOUND STR
SARASOTA, FL 34236

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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: <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000555752 05/16/06-80046-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FURMAN, ROBERT G
STREET ADDRESS	1663 MOUND STR
CITY - ST - ZIP	SARASOTA, FL
TITLE	VD
NAME	ACCOLA, MARK
STREET ADDRESS	1663 MOUND STR
CITY - ST - ZIP	SARASOTA, FL
TITLE	VD
NAME	COX, KIMBERLY M
STREET ADDRESS	1663 MOUND STR
CITY - ST - ZIP	SARASOTA, FL
TITLE	VD
NAME	BLUM, JENNIFER F
STREET ADDRESS	1663 MOUND STR
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Robert G. Furman **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-27-2006** **941-365-7811**
Date Daytime Phone #