## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03946 1. Entity Name STONINGTON CAPITAL CORPORATION

US

FILED
Jan 30, 2004 08:00 AM
Secretary of State

Principal Place of Business

800 VIA HIERBA

SANTA BARBARA, CA 93110

LIS

Mailing Address

PO BOX 90409 P.O.BOX 90409

SANTA BARBARA, CA 93190



01252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 06-1078661

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, WILLIAM T ESQ. 200 E. LAS OLAS BLVD., STE. 1900 FT. LAUDERDALE, FL 33301

the obligations of registered agent.

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SIGNATURE Signature Aped of printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when roinstating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOS, HUBERT D. 800 VIA HIERBA SANTA BARBARA, CA			U00000023	3006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VOS, SUSAN D. 800 VIA HIERBA SANTA BARBARA, CA			:: ::	008-024 150.0 <b>0</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO 1	NOT WRI	TE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			· _ sep .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

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