2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 348376

Entity Name: STONE CHEMICAL & SUPPLY, INC.

FILED Jul 21, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

C/O LYNN STONE C/O LYNN STONE 1835 N.E. 144 STREET 1950 S OCEAN DR #14H

N. MIAMI, FL 33181 HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

C/O LYNN STONE C/O LYNN STONE

1835 N.E. 144 STREET 1950 S OCEAN DR #14H

N. MIAMI, FL 33181 HALLANDALE BEACH, FL 33009

FEI Number: 59-1277843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STONE, LYNN
1835 N.E. 144TH STREET
STONE, LYNN
1950 S OCEAN DR #7H

NORTH MIAMI, FL 33161 US HALLANDALE BEACH, FL 33009 US

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: LYNN STONE 07/21/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PVPD (X) Change () Addition

 Name:
 STONE, LYNN
 Name:
 STONE, LYNN

 Address:
 1835 NE 144TH ST.
 Address:
 1950 S OCEAN DR #14H

 City-St-Zip:
 NORTH MIAMI, FL
 City-St-Zip:
 HALLANDALE BEACH, FL 33009

Title: ST () Delete Title: STD (X) Change () Addition Name: STONE, TRACEY STONE, TRACEY

 Address:
 1835 NE 144 STREET
 Address:
 1950 S OCEAN DR #14H

 City-St-Zip:
 MIAMI, FL 33181
 City-St-Zip:
 HALLANDALE BEACH, FL 33009

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: LYNN STONE PVPD 07/21/2008