


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 838745
 1. Entity Name
STONCOR GROUP, INC.



Principal Place of Business 1 PARK AVE. P. O. BOX 308 MAPLE SHADE, NJ 08052	Mailing Address 1 PARK AVE. P. O. BOX 308 MAPLE SHADE, NJ 08052
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0184790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIF, DAVID P 35 LEGION LANE HADDONFIELD, NJ 08033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, RONALD A 2628 PEARL RD MEDINA, OH 44256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ZIKMUND, DONALD R 504 EAGLEBROOK DRIVE MOORESTOWN, NJ 08057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FYNAN, MARGARET R 150-B BIRCHWOOD CT MT LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMPKINS, KELLY P 2628 PEARL RD MEDINA, OH 96930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT MCGONIGLE, MARK E 31 SORRET RUN MOUNT LAUREL, NJ 08054

U00000005989
 01/16/04-80017-004 150.00

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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.

SIGNATURE: *Mark E. McGonigle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-04 856-779-7500
Date Daytime Phone #