


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90004 013 \*\*\*550.00

**DOCUMENT # F99000000716**

1. Entity Name  
**GLOBAL STONE TENN LUTTRELL COMPANY**



Principal Place of Business  
**486 CLINCH VALLEY RD.  
 LUTTRELL, TN 37779-9414**

Mailing Address  
**P O BOX 6508  
 CLEVELAND, OH 44101-1508**

**54062238**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**23-2054534**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME	D BOLAND, JULIE A	<input type="checkbox"/> Delete
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 441142598	
TITLE NAME	D WALK, ROCHELLE F	<input type="checkbox"/> Delete
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 441142598	
TITLE NAME	D LUNDIN, MICHAEL D	<input type="checkbox"/> Delete
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 441142598	
TITLE NAME	P LUNDIN, MICHAEL D	<input type="checkbox"/> Delete
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	ROSWELL, GA 30075	
TITLE NAME	T BOLAND, JULIE A	<input type="checkbox"/> Delete
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 441142598	
TITLE NAME	S WALK, ROCHELLE F	<input type="checkbox"/> Delete
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 441142598	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D BOLAND, JULIE A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE NAME	D WALK, ROCHELLE F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE NAME	D LUNDIN, MICHAEL D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE NAME	P LUNDIN, MICHAEL D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE NAME	T BOLAND, JULIE A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE NAME	S WALK, ROCHELLE F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1001 LAKESIDE AVE 15TH FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 44114	

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: J.A. Boland Date: 7-7-04 Daytime Phone #: 216-861-2843