

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90224 040 ***150.00

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14008011



1st MOORE CR2E034 (10/04)

4. FEI Number 23-2054534		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 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	
		State 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 \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOLAND, JULIE A 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND OH 44114-2598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cleveland, OH 44114-1151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALK, ROCHELLE F 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND OH 44114-2598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cleveland, OH 44114-1151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LUNDIN, MICHAEL D 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND OH 44114-2598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cleveland, OH 44114-1151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LUNDIN, MICHAEL D 1001 LAKESIDE AVE 15TH FLOOR ROSWELL GA 30075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cleveland, OH 44114-1151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BOLAND, JULIE A 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND OH 44114-2598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cleveland, OH 44114-1151
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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: Julie A. Boland Julie A. Boland VP-Treasurer 04-29-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #