2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2004 08:00 AM Secretary of State **DOCUMENT # 643846** 1. Entity Name A.H. STONE & ASSOCIATES, INC. Principal Place of Business Mailing Address 294 N NOVA RD ORMOND BEACH FL 32174 294 N NOVA RD ORMOND BEACH FL 32174 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1949782 Not Applier Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIVELA, RAYMOND 1300 OAK FOREST DR Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 City 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 accordingly the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when toinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Bo After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSDT TITLE Change Delete TITLE RIVELA, RAYMOND NAME U00000014251 01/27/04-80016-008 150.00 MAME 1300 OAK FOREST DR STREET ADDRESS STREET ADDRESS CITY-ST- DP CITY-ST-ZIP ORMOND BEACH FL Change ☐ Add ☐ Delete TITLE TITLE NAME RIVELA, DORIS NAME STREET ADDRESS STREET ADDRESS 1300 OAK FOREST DR ORMOND BEACH FL CITY-ST-ZIP CITY - ST- ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 2/P CITY+ST-ZE ☐ Dalete Addilio TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addison Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

**FILED**