2005 FOR PROFIT CORPORATION

FILED Jan 20, 2005 08:00 AM etary of State

> Applied For Not Applicable

ANNUAI	Jan 20, 2005 08:00				
DOCUMENT # 643846 1. Enlity Name A.H. STONE & ASSOCIATES, INC.			Sec	cret	ary of Sta
Principal Place of Business 294 N NOVA RD ORMOND BEACH, FL 32174 US	Mailing Address 294 N NOVA RD ORMOND BEACH, FL 32174	US			
a transfer			01132005 No Chg-P		E034 (10/03)
DO NOT WRITE IN THIS SPA		CE	4. FEI Number 59-1949782	; - -	Applied Fo
6. Name and Address of Current	Registered Agent		5. Certificate of Status Desired		\$8.75 Additional Fee Required
RIVELA, RAYMOND 1300 OAK FOREST DR ORMOND BEACH, FL 32174			DO NOT W		

DO	NOT	WRITE
IN .	THIS	SPACE

,							
	named entity submits this statement for the poons of registered agent.	ourpose of changing its registered	office or registered agent, or bot	th, in the State of Florida 1 am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and little	i applicable (NOTE Registered	Agent signature required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing - \$5.00 May Be Added to Fees				
10.	ÖFFICERS AND DIREC	CTORS	· :				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT RIVELA, RAYMOND 1300 OAK FOREST DR ORMOND BEACH FL,			 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVELA, DORIS 1300 OAK FOREST DR ORMOND BEACH, FL		Auditory etherophysiones	UNNOON186911 01/21/05-80066-022 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			···IN T	THÍS SPACE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP			<u></u>	•			
NAME STREET ADDRESS CITY-ST-ZIP	and to the sales in Commercial and with the last		arian dahad in Spation 410 OY(OV)	I), Florida Statules. I further certify that the information			
ia. Thereby C	sermy man distribution region subblied with this in	ing acea not quality to the exem	haoir araien iir aeoim r 149.07(3)(i	g, reduce distates. Partition 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 tustee empowered to execute this peport 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.