2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005987

1. Entity Name
THE STONE GUY, INC.

Principal Place of Business	Mailing Address
566 EDER AVE. WYCKOFF, NJ 07481	PO BOX 284 WYCKOFF, NJ 07481

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FE Number
22-3815906
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, ANGELA
1398 JAMAICA RD.
MARCO ISLAND, FL 34145

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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 _____ DATE
(Signature, typed or printed name of registered agent and, if a trust, trust name) (NOTE: Registered agent signature required when reinstating)

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

Title	OFFICERS AND DIRECTORS
TITLE	PCD
NAME	PALMER, HAROLD
STREET ADDRESS	566 EDER AVENUE
CITY-ST-ZIP	WYCKOFF, NJ
TITLE	VD
NAME	PALMER, ANGELA
STREET ADDRESS	566 EDER AVENUE
CITY-ST-ZIP	WYCKOFF, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/04-80082-008 150.00

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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: A. M. Palmer 4/19/04 201-848-8080
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #