


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000005576**  
 1. Entity Name  
 LIMESTONE AND ASSOCIATES, INC.



Principal Place of Business: 406 RONELE DRIVE, BRANDON, FL 33511  
 Mailing Address: 406 RONELE DRIVE, BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number: 55-0805448 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NOLAND, DANIEL  
 406 RONELE DRIVE  
 BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	NOLAND, DANIEL
STREET ADDRESS	406 RONELE DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	NOLAND, JESSICA
STREET ADDRESS	408 RONELE DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	NOLAND, JENNIFER
STREET ADDRESS	406 RONELE DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000354949  
 05/03/05-80128-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] DATE: April 28, 2005 Daytime Phone #: (813) 684-7376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR