2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# N93000000863

Entity Name: CAST STONE INSTITUTE, INC.

Current Principal Place of Business:

10 W KIMBALL ST
WINDER, GA 30680 US

New Principal Place of Business:

Current Mailing Address:

10 WEST KIMBALL STREET
WINDER, GA 30680 US

New Mailing Address:

FEI Number: 59-3170328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERCKHOFF, DANIEL C.
1901 ELSA AVENUE
SUITE 230
NAPLES, FL 33942 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: RAGSDALE, KIRK
Address: 4107 HANCOCK ST
City-St-Zip: DALLAS, TX 75210

Title: P ( ) Delete
Name: LAIRD, DAVID
Address: 101 JOHNSTON CT
City-St-Zip: PALMETTO, GA 30268

Title: ST ( ) Delete
Name: GARCIA, TONY
Address: 2770 E PONCE DE LEON AVE
City-St-Zip: DECATUR, GA 30030

Title: ED ( ) Delete
Name: HARLAN, MIMI
Address: 10 WEST KIMBALL ST
City-St-Zip: WINDER, GA 30680

Title: ST (X) Delete
Name: RAGSDALE, KIRK
Address: 4107 HANCOCK ST
City-St-Zip: DALLAS, TX 75210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAGSDALE, KIRK
Address: 4107 HANCOCK ST
City-St-Zip: DALLAS, TX 75210

Title: VP (X) Change ( ) Addition
Name: GARCIA, TONY
Address: 2770 E PONCE DE LEON
City-St-Zip: DECATUR, GA 30030

Title: ST (X) Change ( ) Addition
Name: JONES, TOM
Address: 226 METRO DRIVE
City-St-Zip: TERRELL, TX 75160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIMI HARLAN ED 03/09/2004

Electronic Signature of Signing Officer or Director — Date