2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90081 006 ****61.25

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1. Entity Name
CAST STONE INSTITUTE, INC.

Principal Place of Business	Mailing Address
10 W KIMBALL ST WINDER, GA 30680 US	10 WEST KIMBALL STREET WINDER, GA 30680 US

01282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
850 Dogwood Rd	850 Dogwood Rd
Suite, Apt. #, etc. A400636	Suite, Apt. #, etc. A400636
City & State LAWRENCEVILLE GA	City & State LAWRENCEVILLE GA
Zip 30044 Country	Zip 30044 Country

4. FEI Number
59-3170328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ART DeVecchis
Street Address (P.O. Box Number is Not Acceptable) 11597 Kensington Court
City BOCA RATON FL Zip Code 33428

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 Art DeVecchis 3/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAGSDALE, KIRK 4107 HANCOCK ST DALLAS, TX 75210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GARCIA, TONY 2770 E PONCE DE LEON DECATUR, GA 30030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ P (President)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JONES, TOM 226 METRO DRIVE TERRELL, TX 75160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED HARLAN, MIMI 10 WEST KIMBALL ST WINDER, GA 30680	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED Mimi HARLAN 850 Dogwood Rd A400636 LAWRENCEVILLE GA 30044	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Tom Lepisto 18605 Central Ave. Mitchellville MD 20716	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: Thomas G. Lepisto 3/10/2005 301-249-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #