


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000008068
1. Entity Name
CROSSMAN'S STUCCO & STONE, INC.



Principal Place of Business 11231 S.E. 112TH TR. INGLIS, FL 34449	Mailing Address 11231 S.E. 112TH TR. INGLIS, FL 34449
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02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0971982	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CROSSMAN, ROGER
11231 S.E. 112TH TR.
INGLIS, FL 34449

**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, 2004 Fee will be \$350.00**

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

U00000057741
02/20/04-80001-020 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSSMAN, ROGER 11231 S.E. 112TH TR. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSSMAN, MARY ANN 11231 S.E. 112TH TR. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROSSMAN, KRISTEL 11231 S.E. 112TH TR. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSSMAN, KELLY 11231 S.E. 112TH TR. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: Roger Crossman Date: 2-17-04 Daytime Phone #: (352) 447-2039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR