2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000045939

Entity Name

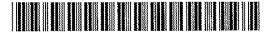
R & E STONE ENTERPRISES, INC.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business 1107 SHERBOURNE WAY ORMOND BEACH, FL 32174 Mailing Address

1107 SHERBOURNE WAY ORMOND BEACH, FL 32174



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 03152004 Applied For 4. FEI Number 59-3646871 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, EILEEN J 1107 SHERBOURNE WAY ORMOND BEACH EL 32174

DO NOT WRITE

ONWORD BEAGN, TE GETT			IN THIS SPACE			
8. The above no the obligation	amed entity submits this statement for the p ns of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE SI	ignature, typed or printed name of registered agent and title is	applicable [NOTE Registered	Agent signatur	o required when reinstating)	DATE	
	NOW!!! FEE IS \$150.00 y 1, 2004 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	oing 🔲	\$5.00 May Be Added to Fees	UQ0QQ01148QO	
10.	OFFICERS AND DIREC	TORS			194715/04-80055-011 150.00	
NAME STREET ADDRESS	D STONE, EILEEN J 1107 SHERBOURNE WAY ORMOND BEACH, FL 32174					
NAME STREET ADDRESS	D STONE, ROBERT R 1107 SHERBOURNE WAY ORMOND BEACH, FL 32174		,	· 	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST- ZP				IN	THIS SPACE	
RTLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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.

DITY-ST-ZIP