

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000045939

1. Entity Name  
R & E STONE ENTERPRISES, INC.



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**

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



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3646871

Applied For  
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, FL 32174

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000114800  
04/15/04-800655-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STONE, EILEEN J
STREET ADDRESS	1107 SHERBOURNE WAY
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	STONE, ROBERT R
STREET ADDRESS	1107 SHERBOURNE WAY
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Eileen Stone Pres. Robert Stone Hon Pres 4/16/04 386-671-9878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #