


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM
Secretary of State

| | | |
|---|--|--|
| DOCUMENT # P01000121314 | |  |
| 1. Entity Name FLORIDA LITHOLOGY NO. 1, INC. | | |

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|---|---|
| Principal Place of Business 14255 US HIGHWAY 1 SUITE 2170 JUNO BEACH FL 33408 | Mailing Address 14255 US HIGHWAY 1 SUITE 2170 JUNO BEACH FL 33408 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

| | |
|---|---|
| 4. FEI Number 80-0032347 | Applied For <input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent FREEMAN, PAUL H 1840 W 49TH STREET SUITE 410 HIALEAH FL 33012 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NORMENT, ANTHONY E 14255 US HIGHWAY 1 SUITE 2170 JUNO BEACH FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add 1100000014863 01/27/04-80037-020 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JONGTHIS, CHRISTINE M 14255 U S HIGHWAY A SUITE 2170 JUNO BEACH FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  01/27/04 361-630-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #