

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90162 019 ***150.00

DOCUMENT # P02000053854

1. Entity Name

CLASSICAL STONE, INC.



Principal Place of Business

CLASSICAL STONE INC
2510 NW 2ND AVE
BOCA RATON FL 33431

Mailing Address

CLASSICAL STONE INC
397 SANDALWOOD LN
BOCA RATON FL 33487

54052782



MOORE CR2E034 (11/03)

2. Principal Place of Business

CLASSICAL Stone Inc

3. Mailing Address

CLASSICAL Stone Inc

Suite, Apt. #, etc.

2510 NW 2ND Ave

Suite, Apt. #, etc.

397 Sandalwood LN

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33487

Country

USA

4. FEI Number

75-3065278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, DOLORES
397 SANDALWOOD LANE
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name Dolores Poole

Street Address (P.O. Box Number is Not Acceptable)

397 Sandalwood Lane

City BOCA RATON

FL

Zip Code

33487

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

2-12-04

***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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME POOLE, DOLORES
STREET ADDRESS 397 SANDALWOOD LANE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VP ☐ Delete
NAME POOLE, DAVID
STREET ADDRESS 397 SANDALWOOD LANE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dolores Poole

2-12-04