
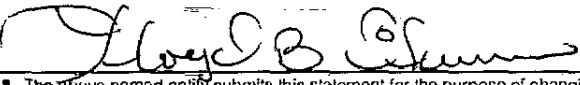
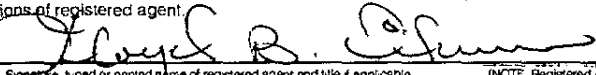
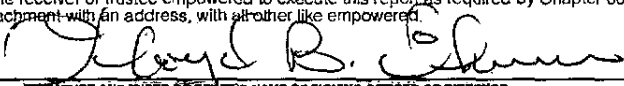


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 06, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000073646		
1. Entity Name STONECRAFTS, INC.		
Principal Place of Business 4506 HAZELGROVE DR. ORLANDO, FL 32818		Mailing Address 4506 HAZELGROVE DR. ORLANDO, FL 32818
<div style="text-align: right;">05022005 No Chg-P CR2E034 (10/03)</div>		
4. FEI Number 59-3091475		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DIKEMAN, LLOYD B 4506 HAZELGROVE DR. ORLANDO, FL 32818 		
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: 4/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	DIKEMAN, LLOYD B	
STREET ADDRESS	4506 HAZELGROVE DR.	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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)(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 11 if changed, or on an attachment with an address, with another like empowered.		
SIGNATURE: 		4/30/05 (407) 290-3053 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

U00000364126  
05/06/05-80028-005 150.00

P.S. I NEVER RECEIVED A DUE NOTICE!  
PLEASE!!