


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 17, 2004 08:00 AM

Secretary of State

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| DOCUMENT # P02000073756 1. Entity Name STONE EDGE INSTALLATIONS, INC. |  |
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| Principal Place of Business 1880 19 STREET SW NAPLES, FL 34117 | Mailing Address 1880 19 STREET SW NAPLES, FL 34117 |
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| DO NOT WRITE IN THIS SPACE |
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04102004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 52-2371661 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARTINEZ, VICENTE R 1880 19 STREET SW NAPLES, FL 34117 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTINEZ, VICENTE R 1882 19 STREET SW NAPLES, FL 34117 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PENA, GABRIEL 1880 19 STREET SW NAPLES, FL 34117 |
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| <p>U00000162649 06/17/04-80001-014 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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** **6/19/04** **Date** _____ **Daytime Phone #** _____