


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90438 030 \*\*\*150.00

**DOCUMENT # P02000094324**

1. Entity Name  
**STONE DISTRIBUTORS OF CENTRAL FLORIDA, INC.**



Principal Place of Business      Mailing Address  
 620 S. HAWTHORNE AVE.      620 S. HAWTHORNE AVE.  
 APOPKA, FL 32703      APOPKA, FL 32703

**14010120**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04282004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 51-0429438      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.**  
 3150 SANDY RIDGE DR  
 CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name: **Patti Ferguson**  
 Street Address (P.O. Box Number is Not Acceptable):  
**25848 Pinehurst St.**  
 City: **Mt. Plymouth**      FL      Zip Code: **32776**

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: *Amy Ferguson*      DATE: **4/28/04**

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

**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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERGUSON, PATTI A	
STREET ADDRESS	25848 PINEHURST ST	
CITY-ST-ZIP	MY. PLYMOUTH, FL 32776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Ferguson Walter	
STREET ADDRESS	25848 Pinehurst St.	
CITY-ST-ZIP	Mt. Plymouth FL 32776	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	Amy Ferguson	
STREET ADDRESS	1260 Welch Ridge Terr	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 all other like empowered.

SIGNATURE: *Amy Ferguson Sec.*      DATE: **4/28/04**      407 884-0517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #