2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000095303

Entity Name: FIVE SMOOTH STONES BUILDERS, INC.

Current Principal Place of Business:

7762 JAFFA DR.
ORLANDO, FL 32825

New Principal Place of Business:

478 BALTIMORE AVE
DELAND,, FL 32720

Current Mailing Address:

7762 JAFFA DR.
ORLANDO, FL 32825

New Mailing Address:

PO BOX 617015
ORLANDO, FL 32861

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LARNCE S
7762 JAFFA DR.
ORLANDO, FL 32825

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, LARNCE S
Address: 7762 JAFFA DR.
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: POLLARD, MARSHALL
Address: 123 W. 19TH ST.
City-St-Zip: APOPKA, FL 32805

Title: D ( ) Delete
Name: WILLIAMS, LORETTA
Address: 911 LAKE MANN DR
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: WILLIAMS, RANDALL
Address: 8130 ST. ALBANS DR.
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete
Name: HENRY, LESLIE
Address: 2023 MESSINA AVENUE
City-St-Zip: ORLADNO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, LARNCE S
Address: 7762 JAFFA DR.
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARNCE S. WILLIAMS P 04/30/2004

Electronic Signature of Signing Officer or Director — Date