# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2006**
**Secretary of State**

DOCUMENT# P02000095303

**Entity Name:** FIVE SMOOTH STONES BUILDERS, INC.

**Current Principal Place of Business:**

478 BALTIMORE AVE
DELAND,, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 617015
ORLANDO, FL 32861

**New Mailing Address:**

**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 US

**Name and Address of New Registered Agent:**

WILLIAMS, LARNCE S
8130 SAINT ALLBANS
ORLANDO, FL 32835 US

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: LARNCE WILLIAMS 04/30/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: WILLIAMS, LARNCE S
Address: 8130 SAINT ALLBANS
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change ( ) Addition
Name: WILLIAMS, RANDALL
Address: 8130 ST. ALBANS DR.
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change ( ) Addition
Name: WILLIAMS, LORETTA
Address: 4545 CONLEY STREET
City-St-Zip: ORLANDO, FL 32805

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 Chapter 119, 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 WILLIAMS P 04/30/2006
Electronic Signature of Signing Officer or Director Date