


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90302 039 ***150.00

DOCUMENT # P02000108493	
1. Entity Name THE CONE ZONE, INC.	

Principal Place of Business 232 HIDDEN BAY DR #602 OSPREY FL 34229	Mailing Address 232 HIDDEN BAY DR #602 OSPREY FL 34229
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2. Principal Place of Business 5507 FRUITVILLE RD Suite, Apt. #, etc.	3. Mailing Address 3838 BREEZEMONT DR Suite, Apt. #, etc.
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City & State SARASOTA Zip 34232	Country USA	City & State SARASOTA, FL Zip 34232	Country USA
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4. FEI Number 05-0535580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SORIA, G. CRAIG 2201 RINGLING BLVD STE 103 SARASOTA FL 34237
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7. Name and Address of New Registered Agent Name LAURA DAMORA Street Address (P.O. Box Number is Not Acceptable) 3838 BREEZEMONT DR City SARASOTA FL Zip Code 34232
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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 <i>Laura Damora</i> Signature, typed or printed name of registered agent and title if applicable.	DATE April 28, 2004 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P NAME FERNEY, CATHY STREET ADDRESS 232 HIDDEN BAY DR. #602 CITY-ST-ZIP OSPREY FL 34229	<input checked="" type="checkbox"/> Delete
TITLE VP NAME D'AMORA, LAURA STREET ADDRESS 3838 BREEZEMONT DR. CITY-ST-ZIP SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE S NAME FERNEY, CATHY. STREET ADDRESS 232 HIDDEN BAY DR. #602 CITY-ST-ZIP OSPREY FL 34229	<input checked="" type="checkbox"/> Delete
TITLE T NAME LISKO, JANET STREET ADDRESS 7895 KAVANAUGH CT. CITY-ST-ZIP SARASOTA FL 34240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LAURA DAMORA STREET ADDRESS 3838 BREEZEMONT DR CITY-ST-ZIP SARASOTA, FL. 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LAURA DAMORA STREET ADDRESS 3838 BREEZEMONT DR. CITY-ST-ZIP SARASOTA, FL. 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OMIT
TITLE S NAME LAURA DAMORA STREET ADDRESS 3838 BREEZEMONT DR. CITY-ST-ZIP SARASOTA, FL. 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME LAURA DAMORA STREET ADDRESS 3838 BREEZEMONT DR CITY-ST-ZIP SARASOTA, FL. 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Laura Damora</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/28/04	DAYTIME PHONE # 941 957 1080
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