
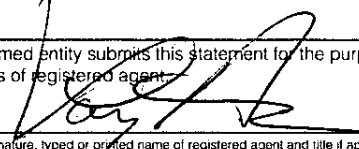


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90083 022 \*\*\*150.00

<b>DOCUMENT # P02000132114</b>					
1. Entity Name AAA CAST STONE, INC.					
Principal Place of Business 1731 12TH STREET EAST PALMETTO FL 34221			Mailing Address 1731 12TH STREET EAST PALMETTO FL 34221		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 68-0533827	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NO R.</b> HAVEMAN, LARRY E <del>8270 PARKSIDE DRIVE</del> 8035 Manasota Key Rd. ENGLEWOOD FL 34224 34223			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  Signature, typed or printed name of registered agent and title if applicable.				DATE 1-26-04 (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P / HAVEMAN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAVETMAN, LARRY		NAME		
STREET ADDRESS	<del>8270 PARKSIDE DRIVE</del> 8035 Manasota Key Rd.		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224 34223		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARY, RICHARD		NAME		
STREET ADDRESS	203 S. BAY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ANNA MARIA FL 34216		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOSOFF, STEVEN		NAME		
STREET ADDRESS	11710 WINDING WOODS WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWLAND, JOEL		NAME		
STREET ADDRESS	213 45TH ST. COURT WEST		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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:**  LARRY HAVEMAN 1-26-04 (941) 721-8092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #