


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

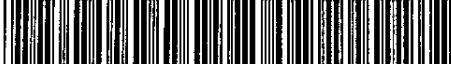
01-26-2005 90006 022 \*\*\*150.00

<b>DOCUMENT # P02000132114</b>	
<b>1. Entity Name</b> AAA CAST STONE, INC.	

<b>Principal Place of Business</b> 1731 12TH STREET EAST PALMETTO FL 34221	<b>Mailing Address</b> 1731 12TH STREET EAST PALMETTO FL 34221
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<b>2. Principal Place of Business</b> 1470 12TH STREET EAST Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1470 12TH STREET EAST Suite, Apt. #, etc.
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<b>City &amp; State</b> PALMETTO, FL	<b>City &amp; State</b> PALMETTO, FL
<b>Zip</b> 34221	<b>Country</b> MANATEE

	
1st MOORE	CR2E034 (10/04)
<b>4. FEI Number</b> 68-0533827	<b>Applied For</b> <input type="checkbox"/> Not Applicable

<b>6. Name and Address of Current Registered Agent</b> HAVEMAN, LARY E 8035 MANASOTA KEY RD ENGLEWOOD FL 34223	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b> P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> HAVEMAN, LARRY		<b>NAME</b> HAVEMAN, LARRY	
<b>STREET ADDRESS</b> 8035 MANASOTA KEY RD.		<b>STREET ADDRESS</b> 8035 MANASOTA KEY RD.	
<b>CITY-ST-ZIP</b> ENGLEWOOD FL 34223		<b>CITY-ST-ZIP</b> ENGLEWOOD FL 34223	
<b>TITLE</b> V	<input type="checkbox"/> Delete	<b>TITLE</b> V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ROWLAND, JOEL		<b>NAME</b> ROWLAND, JOEL	
<b>STREET ADDRESS</b> 213 45TH ST. COURT WEST		<b>STREET ADDRESS</b> 213 45TH ST. COURT WEST	
<b>CITY-ST-ZIP</b> PALMETTO FL 34221		<b>CITY-ST-ZIP</b> PALMETTO FL 34221	
<b>TITLE</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 		<b>NAME</b> 	
<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 		<b>NAME</b> 	
<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 		<b>NAME</b> 	
<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	

**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:**  **1-21-2005 (941) 721-8092**

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