


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-25-2004 90012 035 ***150.00

DOCUMENT # P03000013142		
1. Entity Name KROL STONE INC		

Principal Place of Business 5739 SARAH AVE 586 SARASOTA FL 34233	Mailing Address 5739 SARAH AVE 586 SARASOTA FL 34233
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2. Principal Place of Business 6225 SOUTH MCINTOSH RD	3. Mailing Address 6225 SOUTH MCINTOSH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FLORIDA	City & State SARASOTA, FLORIDA
Zip 34238	Zip 34238
Country USA	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 04-3738268	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 KROLIKIEWICZ, ROBERT 6221 CARLTON AVE SARASOTA FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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B. 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 renewing) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME ROBERT KROLIKIEWICZ	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6221 CARLTON AVE	CITY-ST-ZIP SARASOTA, FL 34231	NAME	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	TITLE <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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 **941-923-7080**
Date Daytime Phone #