


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-09-2004 90001 001 ***150.00

DOCUMENT # P03000054230	
1. Entity Name CELTIC STONE RESTORATION AND MAINTENANCE, INC.	

Principal Place of Business 125 CAYO COSTA COURT ROYAL PALM BEACH FL 33411	Mailing Address 125 CAYO COSTA COURT ROYAL PALM BEACH FL 33411
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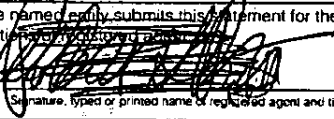

2. Principal Place of Business 125 Cayo Costa Court Suite, Apt. #, etc.	3. Mailing Address 125 Cayo Costa Court Suite, Apt. #, etc.
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City & State Coral Palm Beach, FL Zip 33411 Country USA	City & State Coral Palm Beach, FL Zip 33411 Country USA
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4. FEI Number 05-0563173	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

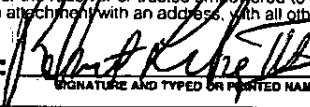
6. Name and Address of Current Registered Agent LEPAGE, ROBERT I II 125 CAYO COSTA COURT ROYAL PALM BEACH FL 33411	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 obligation of the registered agent.	
SIGNATURE 	DATE 

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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 D NAME LEPAGE, ROBERT III STREET ADDRESS 125 CAYO COSTA COURT CITY-ST-ZIP ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 	DATE 5/30/04 Daytime Phone #