FOR PROFIT CORPORATION 2005
4/5/2005-90052-031-$150.00-$150.00

UNIFORM BUSINESS REPORT (UBR)

FILED
05 MAY 10 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000059979

1. Entity Name
Stonefish, Inc

DO NOT WRITE IN THIS SPACE

06/28/04 905 11 026 1.50 UW
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
305 S. Halifax Dr	305 S. Halifax Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Bch FL	City & State: Ormond Bch FL
Zip: 32176 County: Volusia	Zip: 32176 Country: USA

4. FEI Number: 16-1671803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Joe Loquidice
Street Address (P.O. Box Number is Not Acceptable): 1515 Ridgewood Ave Ste A
City: Holly Hill FL Zip Code: 32117

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: JOE Loquidice DATE: 3/17/05
Signature, typed or printed name of registered agent and title if applicable. (FACTA: Registered Agent Signature required when applicable)

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: (P)	NAME: Nathaniel J Royce
STREET ADDRESS:	305 South Halifax Dr
CITY-ST-ZIP:	Ormond Bch FL 32176
TITLE:	NAME:
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME:
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME:
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME:
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME:
STREET ADDRESS:	
CITY-ST-ZIP:	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

Division of Corporations
P. 0. Box 1500
Tallahassee, Florida 32302-1500

H00047320
#P03000059979

March 17, 2005

Dear Sir or Madam:

This letter is to inform your office that I never received my UBR form to file it for 2004. I have my mail going to my CPA at the address we requested to have all mail change to. I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to me on time next year. Your office said all penalties would be waved. Thank you for your time in concerning this matter. Also do to the Hurricanes this has delayed my bill processing and payments. Your office has payment on file for 2004, and I was told to send in 2005 UBR form and a check for 2005.

Sincerely,

Stone Fish, Inc

305 S. Halifax Dr

Ormond Beach, FL 32176