


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 021 ***150.00

DOCUMENT # P03000086553

1. Entity Name
CUSTOM STONE SOLUTIONS, INC.



Principal Place of Business
**6560 FIRST AVE N
 ST PETERSBURG, FL 33710**

Mailing Address
**6560 FIRST AVE N
 ST PETERSBURG, FL 33710**

54060630



2. Principal Place of Business
8041 COQUINA WAY
 Suite, Apt. #, etc.

3. Mailing Address
8041 COQUINA WAY
 Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State
ST. PETE BEACH, FL

City & State
ST. PETE BEACH, FL

Zip
33706

Country
US

Zip
33706

Country
US

4. FEI Number
20-0228965

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERKOWITZ, JOAN L
 6560 FIRST AVE N
 ST PETERSBURG, FL 33710**

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  **V.P.** DATE **7/2/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

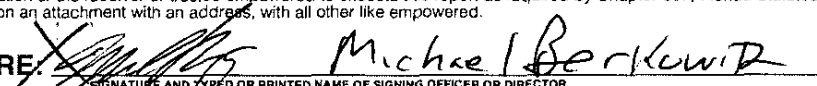
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLINCHBAUGH, STEVEN	
STREET ADDRESS	33 BAYSHORE DR	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERKOWITZ, MICHAEL	
STREET ADDRESS	33 BAYSHORE DR	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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  **Michael Berkowitz** DATE **7/2/04** DAYTIME PHONE # **727 6564479**

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

Attachment

July 2, 2004

54060630
P030000 86553

Custom Stone Solutions, Inc.
8041 Coquina Way
St. Pete Beach, FL 33706


Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Subject: Uniform Business Report Filings

Enclosed, please find the 2004 Uniform Business Report for Custom Stone Solutions, Inc. I did not receive a prior notice regarding filing this form. My address had changed. Please abate the related penalties. Thank you for your time and consideration.

Sincerely yours,

x 

Michael Berkowitz
Enclosure (1)