

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-04-2004 90081 044 ***150.00

DOCUMENT # P03000104307

1. Entity Name
SPECIALTY STONE AND DECOR, INC.



Principal Place of Business
**2132 RADNOR ROAD
JUNO BEACH FL 33408**

Mailing Address
**2132 RADNOR ROAD
JUNO BEACH FL 33408**

2. Principal Place of Business
3825 Investment Ln.

3. Mailing Address
3825 Investment Ln

Suite, Apt. #, etc.
SUITE 2

City & State
West Palm Bch., FL.

City & State
West Palm Bch., FL.

Zip
33404

Country
USA



MOORE CR2E034 (11/03)

4. FEI Number
51-0483895

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DASCALU, LINDA
2132 RADNOR ROAD
JUNO BEACH FL 33408**

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 *L. Dascalu* DATE **1-27-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DASCAKU, LINDA	
STREET ADDRESS	2132 RADNOR ROAD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DORE, TIMOTHY	<input type="checkbox"/> Delete
NAME	DORE, TIMOTHY	
STREET ADDRESS	3825 Investment Ln #2	
CITY-ST-ZIP	West Palm Bch., FL. 33404	
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	DASCALU, Linda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3825 Investment Ln #2	
CITY-ST-ZIP	West Palm Bch., FL. 33404	
TITLE	DORE, Timothy V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORE, Timothy V.	
STREET ADDRESS	3825 Investment Ln #2	
CITY-ST-ZIP	West Palm Bch., FL. 33404	
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: *L. Dascalu* DATE: **1-27-04** DAYTIME PHONE #: **561 863 0110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR