

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-04-2004 90081 044 \*\*\*150.00

<b>DOCUMENT # P03000104307</b> 1. Entity Name <b>SPECIALTY STONE AND DECOR, INC.</b>					
Principal Place of Business <b>2132 RADNOR ROAD JUNO BEACH FL 33408</b>			Mailing Address <b>2132 RADNOR ROAD JUNO BEACH FL 33408</b>		
2. Principal Place of Business <b>3825 Investment Ln.</b>		3. Mailing Address <b>3825 Investment Ln</b>			
Suite, Apt. #, etc. <b>SUITE 2</b>		Suite, Apt. #, etc. <b>Suite 2</b>			
City & State <b>West Palm Bch., FL.</b>		City & State <b>West Palm Bch., FL.</b>			
Zip <b>33404</b>		Country <b>USA</b>		Zip <b>33404</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>51-0483895</b>			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  <b>DASCALU, LINDA 2132 RADNOR ROAD JUNO BEACH FL 33408</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>L. Dascalu</i></u> DATE <u>1-27-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> 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"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DASCAKU, LINDA</b> <b>2132 RADNOR ROAD</b> <b>JUNO BEACH FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DASCALU, Linda</b> <b>PRESIDENT</b> <b>3825 Investment Ln #2</b> <b>West Palm Bch., FL. 33404</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DORE, TIMOTHY</b> <b>3825 Investment Ln #2</b> <b>West Palm Bch., FL. 33404</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DORE, Timothy V. President</b> <b>3825 Investment Ln #2</b> <b>West Palm Bch., FL. 33404</b>	
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	
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	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <u><i>L. Dascalu</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-27-04</u> Daytime Phone # <u>561 863 0110</u>		