


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90001 023 ***150.00

DOCUMENT # P03000138070			
1. Entity Name A TOUCH OF STONE, INC.			
Principal Place of Business 18100 90TH STREET NORTH LOXAHATCHEE FL 33470 US		Mailing Address 18100 90TH STREET NORTH LOXAHATCHEE FL 33470 US	
2. Principal Place of Business [REDACTED]		3. Mailing Address 18100 90 ST. N.	
Suite, Apt. #, etc. [REDACTED]		Suite, Apt. #, etc. [REDACTED]	
City & State [REDACTED]		City & State Loxahatchee FL.	
Zip [REDACTED]	Country USA	Zip 33470	Country USA
6. Name and Address of Current Registered Agent GARCIA-LAVIN, DAWN E 18100 90 STREET N. LOXAHATCHEE FL 33470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



1st MOORE CR2E034 (10/04)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA-LAVIN, DAWN 18100 90TH STREET NORTH LOXAHATCHEE FL 33470 <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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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: Dawn Garcia-Lavin **May 29, 2005** **561-793-6040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #