

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90088 013 ***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

3707 Interstate Park Rd. South

3. Mailing Address

18100 90 St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay / Suite A

City & State

City & State

Riviera Beach, FL

Loxahatchee, FL

Zip

Country

Zip

Country

33404

USA

33470

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA-LAVIN, DAWN E
18100 90 STREET N.
LOXAHATCHEE FL 33470

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GARCIA-LAVIN, DAWN
STREET ADDRESS 18100 90TH STREET NORTH
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE P ☐ Change ☒ Addition
NAME Carlos Garcia-Lavin
STREET ADDRESS 18100 90 St. N.
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME Dawn Garcia-Lavin
STREET ADDRESS 18100 90 St. N.
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Dawn Garcia-Lavin

1/26/06

Date

561-840-1922

561-793-6040

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR