## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: TASON M. WORLEY
SIGNATURE AND TYPED OR PRINSED NAME OF SIGNING OFFICER OR DIRECTOR

	7 (1412140207 (14		<u>`</u>						1.25		
DOCUMENT #P03000139442  1. Entity Name STONE BY DESIGN, INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS  04 OCT 29 PM 3: 14					
Principal Place of Business Mailing Address							010	• • • •			
1211 12TH AVENUE WEST PALMETTO, FL 34221		1211 12TH AVENUE WEST PALMETTO, FL 34221				( (68)(86) ()) 88	<b>48</b> 11111 <b>98</b> 111 <b>98</b> 121 <b>881</b> 8	4  <b>   6  </b> 44   <b>  </b>      <b> </b>	G1811 B1812 218		
2. Principal Place of Business		3. Mailing Address			$\dashv$	-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				10222004	Chg-P	CR2E03	4 (10/03)	·	
City & State		City & State				4. FEI Number 38-36928	 300			plied For Applicable	
Zip	Country	Zip	Count			5. Certificate of			8.75 Addi	itional	
	6. Name and Address of Curren	nt Registered Agent			<del></del>	7. Name and Ad	dress of New Re	egistered Ag	ent		
		Name	e								
WORLEY, JAMES M 1211 12TH AVENUE WEST PALMETTO, FL 34221					Street Address (P.O. Box Number is Not Acceptable)						
PALMETT	U, FL 34221										
				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											
9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution.											
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10.	OFFICERS AN	D DIRECTORS	11.	•	<del></del>		HANGES TO OFFI				
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NAME	WORLEY, JAMES M		NAMI	E	1111	NAC THE	NUE WEST	-			
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NAME			NAM	E-	•	<u>.</u>		13.4	1		
STREET ADDRESS	A - A V 5 12 7% 15%	to the extra property	1	ET ADDRESS	٠,٠	٠,٠					
CITY-ST-ZIP		See 25		-ST-ZIP -		.,					
indicated	certify that the information supplied w on this report or supplemental report	t is true and accurate and that r	nv siona:	ture shall ha	ave the s	same legal ettect a	as it made under d	nath that Lar	n an officer	or director~ i	
of the co	rporation or the receiver or trustee em or on an attachment with an address	rpowered to execute this report	as requi	red by Chap	pter 607	, Florida Statutes;	and that my name	appears in	Block 10 or	Block 11 if	

11/30

10/27/04