


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 26, 2004 8:00 am
Secretary of State

08-13-2004 90068 038 ***163.75

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DOCUMENT # P04000000619		
1. Entity Name STONE SUPERMART OF FLORIDA, INC.		

Principal Place of Business 2280 WILHEMINA CT PALM BAY FL 32950	Mailing Address 2280 WILHEMINA CT PALM BAY FL 32950
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66432626



MOORE CR2E034 (4/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0577961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAYMONS, JAMES K 5190 95TH ST SEBASTIAN FL 32958	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 291 - Narragansett Street N.E.	
City Palm Bay	FL Zip Code 32907

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 \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

\$607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing ☒ \$5.00 May Be Added to Fees
Trust Fund Contribution. ☒

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D LAYMONS, JAMES K
STREET ADDRESS	5190 95TH ST
CITY-ST-ZIP	SEBASTIAN FL 32958
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	291 - Narragansett Street NE
STREET ADDRESS	Palm Bay, Florida 32907
CITY-ST-ZIP	
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	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/04

Date

321 724 8015

Daytime Phone #