

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90137 016 ***150.00

DOCUMENT # P04000008890 1. Entity Name MIKE KORNAKER STONEWORKS, INC.					
Principal Place of Business 2180 CAMELLIA DRIVE LONGWOOD, FL 32779 US			Mailing Address 2180 CAMELLIA DRIVE LONGWOOD, FL 32779 US		
2. Principal Place of Business		3. Mailing Address 2428 S MAPLE AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		SANFORD FLORIDA		4. FEI Number 77-0619532	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32771		U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEVORE, ROSA L 685-B GEORGIA AVENUE LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name DEVORE ROSA L Street Address (P.O. Box Number is Not Acceptable) 2428 SOUTH MAPLE AVENUE City SANFORD FL 32771	
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>Rosa L Devore</i></u> DATE <u><i>4/28/05</i></u> <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T KORNAKER, MICHAEL E 2180 CAMELLIA DRIVE LONGWOOD, FL 32779	<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	VP KORNAKER, BRANDON J 2180 CAMELLIA DRIVE LONGWOOD, FL 32779	<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	S NICHOLSON, PHILLIP 2180 CAMELLIA DRIVE LONGWOOD, FL 32779	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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>Mike Kornaker</i></u> DATE <u><i>4/29/05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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