


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90043 028 ***158.75

DOCUMENT # P04000063186	
1. Entity Name STONE & MULCH PLACE, INC.	

Principal Place of Business 870 HIGHWAY 17/92 LAKE ALFRED, FL 33850	Mailing Address 870 HIGHWAY 17/92 LAKE ALFRED, FL 33850
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2. Principal Place of Business 870 E. ALFRED DR Suite, Apt. #, etc.	3. Mailing Address 870 E. ALFRED DR Suite, Apt. #, etc.
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City & State LAKE ALFRED FL	City & State LAKE ALFRED, FL
Zip 33850	Country U.S.
Zip 33850	Country USA.



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1024934		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 BOTTICELLO, KAREN L 870 HIGHWAY 17/92 LAKE ALFRED, FL 33850		
7. Name and Address of New Registered Agent Name BOTTICELLO, KAREN L. Street Address (P.O. Box Number is Not Acceptable) 870 E. ALFRED DR. City LAKE ALFRED FL Zip Code 33850		

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 *Karen L. Botticello* DATE *3/25/2005*

Signature of current or former registered agent and Florida resident. (NOTE: Registered Agent signature required when registering.)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BOTTICELLO, KAREN L 2236 PALM VIEW CIRCLE AUBURNDAL, FL 33823 <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	D BOTTICELLO, VITO A 2236 PALM VIEW CIRCLE AUBURNDAL, FL 33823 <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: *Vito A. Botticello* **VITO A. BOTTICELLO** DATE *3/25/05* **863-956-3336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date