


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90158 019 \*\*\*150.00

<b>DOCUMENT # P04000121901</b> 1. Entity Name <b>RM STONE SPECIALISTS INC</b>			
Principal Place of Business <b>621 ANHINGA RD WINTER SPRINGS, FL 32708</b>		Mailing Address <b>621 ANHINGA RD WINTER SPRINGS, FL 32708</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 182142</b> Suite, Apt. #, etc.	
City & State <b>CASSELBERRY FL</b>		4. FEI Number <b>20-153-8919</b>	
Zip <b>32718-2142</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>RODRIGUES, HAECIOABRAHAO 621 ANHINGA RD WINTER SPRINGS, FL 32708</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P S</b> NAME <b>RODRIGUES, HAECIOABRAHAO</b> <input type="checkbox"/> Delete STREET ADDRESS <b>621 ANHINGA RD</b> CITY - ST - ZIP <b>WINTER SPRINGS, FL 32708</b>	TITLE <b>T</b> NAME <b>ELIDIA RODRIGUES HICKOCK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>621 ANHINGA RD.</b> CITY - ST - ZIP <b>WINTER SPRINGS, FL 32708</b>	TITLE <b>PS</b> NAME <b>RODRIGUES HAECIOABRAHAO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>621 ANHINGA RD</b> CITY - ST - ZIP <b>WINTER SPRINGS, FL 32708</b>	TITLE <b>PS</b> NAME <b>RODRIGUES HAECIOABRAHAO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>621 ANHINGA RD</b> CITY - ST - ZIP <b>WINTER SPRINGS, FL 32708</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE 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.			
<b>SIGNATURE:</b> <i>Haecioabraha</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>03-21-05 407 310 0084</b> Date Daytime Phone #	