

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90017 035 ***150.00

DOCUMENT # P93000045864

1. Entity Name
DURACLEAN BY STONE INC.



Principal Place of Business
**213 ALBATROSS WAY
KISSIMMEE, FL 34758**

Mailing Address
**213 ALBATROSS WAY
KISSIMMEE, FL 34758**

24037666



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3190218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STONE, RICHARD M
213 ALBATROSS WAY
KISSIMMEE, FL 34758**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SHERMAN, VICKI S
STREET ADDRESS	213 ALBATROSS WAY
CITY - ST - ZIP	KISSIMMEE, FL

TITLE	PV
NAME	STONE, RICHARD M
STREET ADDRESS	213 ALBATROSS WAY
CITY - ST - ZIP	KISSIMMEE, FL

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	

**DO NOT WRITE
IN THIS SPACE**

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

Richard M. Stone

RICHARD M. STONE

4/5/04 / 407-870-9233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #