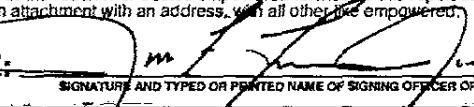


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000085417 1. Entry Name STONE MOUNTAIN NURSERY, INC.					
Principal Place of Business 27853 STONE MOUNTAIN RD YAHALA, FL 34797 US			Mailing Address 27853 STONE MOUNTAIN RD YAHALA, FL 34797 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04062004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3216216	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWARE, JAMES F JR. 6739 LAKEVIEW DRIVE YALAH, FL 32797			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEWARE, JAMES F JR. 6739 LAKEVIEW DRIVE YALAH, FL 32797	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEWARE, SCOTT M 5640 COUNTY RD 48 OKAHUMPKA, FL 34762	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title empowered.					
SIGNATURE: 				4/5/04 352/324-2450	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James F. Leware, Jr., President				Date Daytime Phone #	