## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000026697

F-4:4 - Nomes - LODEOTONE AND ADTILLED INC

FILED Jun 30, 2008 Secretary of State

| Entity Name. LODESTONE AND ARTHUR, INC.   |  |
|---|--|
| Current Principal Place of Business:  | New Principal Place of Business:                                       |
| 702 COMMERCE CIRCLE<br>LONGWOOD, FL 32750 US  |  |
| Current Mailing Address:  | New Mailing Address:   |
| 475 MONTGOMERY PLACE<br>ALTAMONTE SPRINGS, FL 32714 US  | 702 COMMERCE CIRCLE<br>LONGWOOD, FL 32750 US                           |
| FEI Number: 59-3237918 FEI Number Applied For ( )   | FEI Number Not Applicable ( ) Certificate of Status Desired ( )        |
| Name and Address of Current Registered Agent:   | Name and Address of New Registered Agent:                              |
| KELLEY GOLDBERG LEACH AND COHN PL<br>475 MONTGOMERY PLACE<br>ALTAMONTE SPRINGS, FL 32714 US                                 |  |
| The above named entity submits this statement for the prin the State of Florida.  | urpose of changing its registered office or registered agent, or both, |
| SIGNATURE:  |  |
| Electronic Signature of Registered Age  | nt Date  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not Election Campaign Financing Trust Fund Contribution ( ). | receive the prior notice.  |
| OFFICERS AND DIRECTORS:   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR                             |

Title: ( ) Delete Title: (X) Change ( ) Addition WAHL, PAT Name: WAHL, PATRICIA Name: 702 COMMERCE CIRCLE 702 COMMERCE CIRCLE Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA WAHL Ρ 06/30/2008