



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000024500</b> 1. Entity Name <b>GLOBAL STONE COMPANY</b>																																																																																																																	
Principal Place of Business <b>3120 46TH AVE N SAINT PETERSBURG FL 33714</b>				Mailing Address <b>3120 46TH AVE N SAINT PETERSBURG FL 33714</b>																																																																																																													
2. Principal Place of Business  Suite, Apt #, etc		3. Mailing Address  Suite, Apt #, etc		 MOORE CR2E034 (11/03)																																																																																																													
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
4. FEI Number <b>65-0627234</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MADDUX, LISA G 3120N 46 AVE N SAINT PETERSBURG FL 33714</b>  <div style="text-align: center;"> <i>02/16/04</i>  <b>PAID</b>  <i>ck # 3561</i> </div>																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City																																																																																																																	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MADDUX, LISA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3120 46TH AVE N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG FL 33714</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MADDUX, ROBERT B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3120 46TH AVE N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG FL 33714</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DPS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EUSTAMANATE, VIVIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3120 46TH AVE N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG FL 33714</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">           U00000059918            02/23/04-80018-016 150.00         </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	MADDUX, LISA		STREET ADDRESS	3120 46TH AVE N		CITY-ST-ZIP	SAINT PETERSBURG FL 33714		TITLE	VPS	<input type="checkbox"/> Delete	NAME	MADDUX, ROBERT B		STREET ADDRESS	3120 46TH AVE N		CITY-ST-ZIP	SAINT PETERSBURG FL 33714		TITLE	DPS	<input type="checkbox"/> Delete	NAME	EUSTAMANATE, VIVIAN		STREET ADDRESS	3120 46TH AVE N		CITY-ST-ZIP	SAINT PETERSBURG FL 33714		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	U00000059918 02/23/04-80018-016 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																	
<b>SIGNATURE:</b> <i>Robert B. Maddux</i> <i>2/14/04</i> <i>727-521-0094</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #</small>																																																																																																																	