

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90226 009 ***150.00

DOCUMENT # P95000046040 1. Entity Name CORAL REEF CAST STONE, INC.					
Principal Place of Business 6100 GEORGIA AVE. WEST PALM BEACH, FL 33405			Mailing Address 6100 GEORGIA AVE. WEST PALM BEACH, FL 33405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0596196				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEMINGWAY, JOSEPH 712 ARDMORE RD WEST PALM BEACH, FL 33401			Name RHODA MEYERS Street Address (P.O. Box Number Is Not Acceptable) 712 ARDMORE ROAD City WEST PALM BEACH FL Zip Code 33401		
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.		RHODA MEYERS (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT <input checked="" type="checkbox"/> Delete		TITLE	DPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEMINGWAY, JOSEPH		NAME	RHODA MEYERS	
STREET ADDRESS	712 ARDMORE RD		STREET ADDRESS	712 ARDMORE ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DVS <input checked="" type="checkbox"/> Delete		TITLE	DYS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MEYERS, RHODA		NAME	JOSEPH D. HORZS	
STREET ADDRESS	712 ARDMORE RD		STREET ADDRESS	4550 BIDDEFORD AVE.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BH FLORIDA 33409	
TITLE	<input type="checkbox"/> Delete		TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	CHERRYL J. SMART	
STREET ADDRESS			STREET ADDRESS	680 HIO ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	<input type="checkbox"/> Delete		TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	HEATHER J. STEVENS	
STREET ADDRESS			STREET ADDRESS	2408 LAKEVIEW CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	ROYAL PALM BN FL 33411	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		RHODA MEYERS Date 4/20/04 Daytime Phone # 561586-1900	