


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90024 046 ***150.00

DOCUMENT # P95000068261		
1. Entity Name STATEWIDE MATERIALS INC.		

Principal Place of Business 1525 WHITE DR. TITUSVILLE, FL 32780 US	Mailing Address 1525 WHITE DR. TITUSVILLE, FL 32780 US
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54064105



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07142004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3336615	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SLONE, EDWARD 2940 TEAKWOOD ST. TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM SLONE, EDWARD 2940 TEALWOOD ST. TITUSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SLONE, ESTELLE 2940 TEAKWOOD ST. TITUSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Estelle Slone</i>	7-19-04 321-268-8455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Estelle Slone, V.P.	Date Daytime Phone #

Attachment

54064105

STATEWIDE MATERIALS INC
1525 WHITE DR
TITUSVILLE FL 32780
321-268-8455

July 2, 2004

Florida Dept. of State
Divisions of Corporation
PO Box 6327
Tallahassee, FL 32314

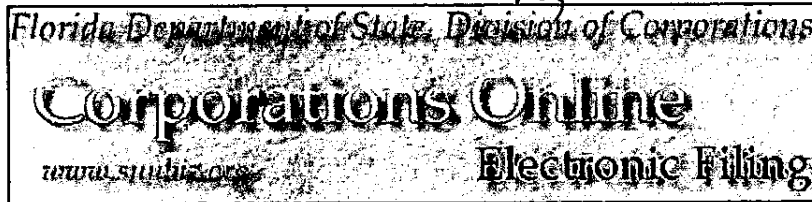
Ref: Doc#P95000068261

I received notice of intent to dissolve regarding my Annual Report. Attached are original copies of my receipt that I filed on the internet on January 7, 2004. I went back through the website and cannot find my payment referring to the tracking number on my receipt. I guess the transaction did not process thoroughly and am enclosing a check for the \$ 150.00 fee. I do not feel I should have to pay late fees since I have a dated receipt. Please let me know if this is acceptable once you receive payment.

Regards,


Estelle Slone

es



Online Payment System

P5000068261

Please Confirm Billing Information

Transaction Amount: **\$150.00**

Email Address: **SWM1525@AOL.COM**

Billing Name: **STATEWIDE MATERIALS INC**

Billing Address: **1525 WHITE DR**

Billing City: **TITUSVILLE**

Billing State: **FL**

Billing Zip: **32780-**

Billing Phone Number: **3212688455**

Payment Method: **MASTERCARD**

Credit Card Number: **5588000000151117**

Credit Card Expiration Date: **01/2005**

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

Back

Pay Now