

# ANNUAL REPORT

DOCUMENT # P96000010062

1. Entity Name  
STONE & KENNEDY INC.



**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4841 N.W. 22ND CT.  
SUITE 107  
LAUDERHILL, FL 33313

Mailing Address  
4841 N.W. 22ND CT.  
SUITE 107  
LAUDERHILL, FL 33313



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0638426

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

LARSON, JOEL  
4841 N.W. 22ND CT.  
SUITE 107  
LAUDERHILL, FL 33313

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LARSON, JODY T
STREET ADDRESS	4841 NW 22ND CT
CITY - ST - ZIP	LAUDERHILL, FL
TITLE	ST
NAME	LARSON, JOEL
STREET ADDRESS	4841 NW 22ND CT., #107
CITY - ST - ZIP	LAUDERHILL, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000145327  
15/03/04-90042-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 TYPE OF OFFICER, NAME OF OFFICER, ADDRESS OF OFFICER

FILE

RECEIVED OFFICE