

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P96000098337

1. Entity Name
BLOOD FROM A STONE, INC.



Principal Place of Business
5201 RAVENSWOOD ROAD
SUITE 111
FT. LAUDERDALE, FL 33312

Mailing Address
5201 RAVENSWOOD ROAD
SUITE 111
FT. LAUDERDALE, FL 33312



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0719407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH F. WHITEHEAD, P.A.
5201 RAVENSWOOD ROAD
SUITE 111
FT. LAUDERDALE, FL 33312

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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHULTZ, JARED
STREET ADDRESS	5201 RAVENSWOOD ROAD, #111
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/08-80005-004 750.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: **JARED A SCHULTZ** **2-27-08** **954 963 9298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #