2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, $\overline{2004}$ 8:00 am **Secretary of State** DOCUMENT # P97000042653 01-30-2004 90083 028 ***150.00 STONE'S TAX & ACCOUNTING SERVICE, INC. Principal Place of Business Mailing Address 4500 BELVEDERE ROAD 4500 BELVEDERE ROAD SUITE F WEST PALM BEACH FL 33415-1357 WEST PALM BEACH FL 33415-1357 2. Principal Place of Business 3. Mailing Address 4500 Bolvedere Rd 4500 BELVEDERE RD Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) 501 te Suite F Applied For City & State 4. FEI Number 65-0759165 west Palm West Polm Boach Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Polm Pelm Boach 33415-135 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONE, DALE R Street Address (P.O. Box Number is Not Acceptable) 13048 41ST LANE (NORTH) ROYAL PALM BEACH FL 33411-8605 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to/Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change STONE, HILTON F JR. NAME NAME STREET ADDRESS 6387 VIA TOWNSEND STREET ADDRESS WEST PALM BEACH FL 33415-2462 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE Change Change ☐ Addition TITLE NAME STONE, DALE R NAME 13048 41ST LANE (NORTH) STREET ADDRESS STREET ADORESS ROYAL PALM BEACH FL 33411-8605 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TETLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME

FILED

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1-26-04 561-683-0866 Date Daylime Phone #