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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90970 003 ***150.00

[illegible] CORPORATION [illegible] REPORT

DOCUMENT # P[illegible]00021340

1. Entity Name
STONEMAN'S [illegible]ATUELAND, INC.

Principal Place of Business	Mailing Address
4103 GUNN [illegible] TAMPA, FL ~~33624~~ 33618	4119 GUNN HWY. TAMPA, FL ~~33624~~ 33618

04272005 Chg-P CR2E034 (10/03)

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 59-3591137 ☐ Applied For ☐ Not Applicable

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

6. [illegible] of Current Registered Agent

PLISKOW, [illegible] A
4103 GUNN HWY
TAMPA, FL [illegible]

7. Name and Address of New Registered Agent

Name: STUART A. PLISKOW
Street Address (P.O. Box Number is Not Acceptable): 4103 GUNN HWY
City: Tampa FL Zip Code: 33618

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: Stuart A. Pliskow 04-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE [illegible] After [illegible] 1, [illegible]

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	[illegible], [illegible] A	
STREET ADDRESS	[illegible]AY	
CITY-ST-ZIP	[illegible] FL [illegible]	
TITLE	VP	☐ Delete
NAME	ZION[illegible]	
STREET ADDRESS	41[illegible]	
CITY-ST-ZIP	[illegible] FL [illegible]	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Stuart A. Pliskow STUART A. PLISKOW 04-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #