


2004 FOR PROFIT CORPORATION ANNUAL REPORT

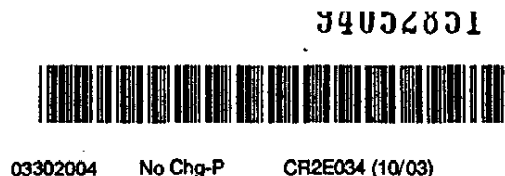
FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90077 050 ***150.00

DOCUMENT # P99000069639	
1. Entity Name STONE SPECIALTIES OF TAMPA BAY, INC.	

Principal Place of Business 8511 GUNN HWY ODESSA, FL 33556	Mailing Address 8511 GUNN HWY ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



4. FEI Number 52-2201266	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

THOMPSON, GARY
1509 S CAMERON COURT
TAMPA, FL 33629

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 _____ 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD THOMPSON, GARY 1509 S CAMERON COURT TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THOMPSON, MAXINE 1509 S CAMERON COURT TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **4-12-04** **813-920 9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone