2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 27, 2004 08:00 AM DOCUMENT # P99000087170 **Secretary of State** 1. Entity Name FLAGSTONE PAVERS, INC. Principal Place of Business Mailing Address 9070 OLD COBB ROAD BROOKSVILLE FL 34601 9070 OLD COBB ROAD BROOKSVILLE FL 34601 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-3601521 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ICARD, MERRILL, ET. AL. 2033 MAIN STREET #600 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 City Zip Code 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change Addition TITLE BOND, GEOFFREY P NAME U00000015245 NAME STREET ADDRESS 15017 LAKE PRETTY STREET ADDRESS 01/28/04-80008-015 150.00 CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP Delete Change Addition TITLE NAME BOND, LORI A MAME STREET ADDRESS STREET ADDRESS 15017 LAKE PRETTY CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAMÉ NAME LUTRELL, D. SCOTT STREET ADDRESS STREET ADDRESS 15310 AMBERLY DR. SUITE 205 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Delete TITLE ☐ Change ☐ Addition TITLE LESCROART, EMETT J NAME NAME 280 CHERRY VALLEY RD STREET ADDRESS STREET ADDRESS PRINCETON NJ 08540 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change Addition THIE VIREN, MICHAEL MAME NAME 9252 N 56 ST STREET ADDRESS STREET ADDRESS TAMPA FL 33617 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE STEINMANN, PIETER C NAME NAME 7855 EMPIRE CT. STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34654 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.

(350) 799

01-22-04