


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000087170 1. Entity Name FLAGSTONE PAVERS, INC.	
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Principal Place of Business 9070 OLD COBB ROAD BROOKSVILLE, FL 34601 US	Mailing Address 9070 OLD COBB ROAD BROOKSVILLE, FL 34601 US
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3601521	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 CHAPNICK, BRUCE P ICARD, MERRILL, ET. AL. 2033 MAIN STREET #600 SARASOTA, FL 34237
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP BOND, GEOFFREY P 15017 LAKE PRETTY ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOND, LORI A 15017 LAKE PRETTY ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTRELL, D. SCOTT 15310 AMBERLY DR. SUITE 205 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESCROART, EMETT J 280 CHERRY VALLEY RD PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIREN, MICHAEL 9252 N 56 ST TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINMANN, PIETER C 7855 EMPIRE CT. NEW PORT RICHEY, FL 34654

<p>U000000212298 02/03/05-80023-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: PETER C. STEINMANN 01-20-05 (352) 799 7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #