

2003
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S39574

1. Entity Name

G & S STOKES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 613 EAST INDIANA AVE

Suite, Apt. #, etc.

3. Mailing Address
 613 EAST INDIANA AVE

Suite, Apt. #, etc.

City & State

FL

DELAND

FL

Zip
 32724

Country
 US

Zip
 32724

Country
 US

4. FEI Number

59-3061091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name
 STOKES, GEORGE E
 Street Address (P O Box Number is Not Acceptable)
 613 EAST INDIANA AVE

City
 DELAND
 FL
 Zip Code
 32724

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 changing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

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|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.T. STOKES, GEORGE 613 EAST INDIANA AVE DELAND FL 32724 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.S. STOKES, SANDRA E 613 EAST INDIANA AVE DELAND FL 32724 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *George E. Stokes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 386
 7361468

Date

Daytime Phone #

CR2E034B (12/02)