


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 548245**  
 1. Entity Name  
 SOUTHERN MONUMENT STUDIO, INC.



Principal Place of Business  
 404 N BOULEVARD EAST  
 LEESBURG, FL 34748

Mailing Address  
 404 N BOULEVARD EAST  
 LEESBURG, FL 34748

**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1771030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, L E  
 1029 WEST MAGNOLIA STREET  
 LEESBURG, FL 32748

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENSON, BRYAN E 404 N. BLVD. EAST LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENSON, EMILY E. 404 N. BLVD. EAST LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, BILLY 404 N. BOULEVARD E. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, MARY SUE 404 N. BOULEVARD E. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000454209  
 03/14/06-80053-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Billy M. Stephenson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 BILLY M. STEPHENSON

Date: 2/29/06 Daytime Phone #: 352-787-3241