


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 548245 1. Entity Name SOUTHERN MONUMENT STUDIO, INC.	
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Principal Place of Business 404 N BOULEVARD EAST LEESBURG, FL 34748	Mailing Address 404 N BOULEVARD EAST LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1771030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000610252
02/02/07-80015-002 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] DATE: 1/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #