

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 548245

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: SOUTHERN MONUMENT STUDIO, INC.

**Current Principal Place of Business:**

404 N BOULEVARD EAST  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

404 N BOULEVARD EAST  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 59-1771030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUNT, ASHLEY  
201 W MAIN ST  
TAVARES, FL 32778      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEPHENSON, BRYAN E  
Address: 404 N BLVD E  
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete  
Name: STEPHENSON, EMILY E.  
Address: 404 N. BLVD. EAST  
City-St-Zip: LEESBURG, FL

Title: VD ( ) Delete  
Name: STEPHENSON, BILLY  
Address: 404 N BLVE E  
City-St-Zip: LEESBURG, FL 34748

Title: T ( ) Delete  
Name: STEPHENSON, MARY SUE  
Address: 404 N. BOULEVARD E.  
City-St-Zip: LEESBURG, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STEPHENSON, BRYAN E  
Address: 404 N BOULEVARD EAST  
City-St-Zip: LEESBURG, FL 34748

Title: S (X) Change ( ) Addition  
Name: STEPHENSON, EMILY E.  
Address: 404 N. BOULEVARD EAST  
City-St-Zip: LEESBURG, FL

Title: VD (X) Change ( ) Addition  
Name: STEPHENSON, BILLY  
Address: 404 N BOULEVARD EAST  
City-St-Zip: LEESBURG, FL 34748

Title: T (X) Change ( ) Addition  
Name: STEPHENSON, MARY SUE  
Address: 404 N. BOULEVARD EAST  
City-St-Zip: LEESBURG, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN STEPHENSON

PD

02/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date