## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE: \_

changed, or on an attachment with an address, with all other like ex

## Jan 22, 2007 8:00 am **Secretary of State** DOCUMENT # P02000105819 01-22-2007 90075 020 \*\*\*158.75 1. Entity Name STRÚCTURE STONE, INC. Principal Place of Business Mailing Address 40000201 310 16TH AVE NW 310 16TH AVE NW NAPLES, FL 34120 NAPLES, FL 34120 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01162007 Cha-P Applied For City & State City & State 4. FEI Number 11-3656046 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUENTE, JAHAZIEL Street Address (P.O. Box Number is Not Acceptable) 310 16TH AVE NW NAPLES, FL 34120 City Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ Change ☐ Addition ☐ Delete TITLE TITLE NAME PUENTE, JAHAZIEL NAME STREET ADDRESS STREET ADDRESS 310 16TH AVE NW CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34120 DV ☐ Defete TITLE ☐ Change ☐ Addition TITLE PUENTE, GUILLERMO NAME NAME STREET ADDRESS 310 16TH AVE NW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34120 CITY-ST-ZIP D۷ Delete ☐ Addition ☐ Change TITLE TILLE NAME INGLESE, PAUL A NAME STREET ADDRESS 14538 INDIGO LAKES CR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34119 Delete Change Addition DV/ TITLE TITLE CASTRO, JOSE A MAME STREET ADDRESS 3680 16TH AVE NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34120 Delete ☐ Addition Change TITLE TITLE GUADALUPE, RUBEN D NAME NAME STREET ADDRESS STREET ADDRESS 3201 ORANGE GROVE TRAIL CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34120 ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby 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

A OF MIGNING OFFICER OR DIRECTOR

**FILED** 

239-253-8930