

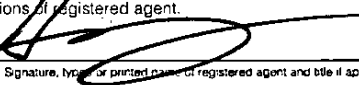
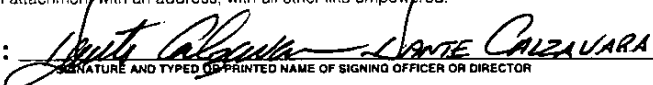


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90067 045 ***150.00

DOCUMENT # P03000154108					
1. Entity Name SARASOTA NATURAL STONE, INC.					
Principal Place of Business 8302 BLAIKIE CT UNIT 9 SARASOTA, FL 34240		Mailing Address 8302 BLAIKIE CT UNIT 9 SARASOTA, FL 34240		<p style="text-align: center; font-size: 24px;">20017206</p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0503660	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVE. SARASOTA, FL 34236				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: <u>Womeldorph, Howard</u> Street Address (P.O. Box Number is Not Acceptable): <u>7648 Lockwood Ridge Rd</u> City: <u>SARASOTA</u> FL Zip Code: <u>34243</u>				02282005 Chg-P CR2E034 (10/03)	
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:  <u>Howard R. Womeldorph</u>				DATE: <u>2-28-2005</u>	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RECANATESI, ANDREA	NAME	<u>RECANATESI, ANDREA</u>		
STREET ADDRESS	8302 BLAIKIE CT	STREET ADDRESS	<u>8302 Blaikie CT</u>		
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP	<u>SARASOTA, FL 34240</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<u>VP CALZAVARA, Dante</u>		
STREET ADDRESS		STREET ADDRESS	<u>5335 Southerly Way</u>		
CITY-ST-ZIP		CITY-ST-ZIP	<u>SARASOTA, FL 34232</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<u>S. CALZAVARA, Michael</u>		
STREET ADDRESS		STREET ADDRESS	<u>5335 Southerly Way</u>		
CITY-ST-ZIP		CITY-ST-ZIP	<u>SARASOTA, FL 34232</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <u>DANTE CALZAVARA</u>				Date: <u>FEB 28, 2005</u> Daytime Phone #: <u>941-350-6974</u>	