2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State
07-09-2007 90051 023 ***550.00

DOCUMENT # P05000046376

1. Entity Name
ELEGANT TOUCH STONEWORK, INC

Principal Place of Business	Mailing Address
7040 OSTEEN RD NEW PORT RICHEY, FL 34653	7040 OSTEEN RD NEW PORT RICHEY, FL 34653

07052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-2585492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAXPROS ACCOUNTING SERVICES, INC 7901 4TH STREET NORTH 101 ST. PETERSBURG, FL 33702	Name: First Choice Accounting Street Address (P.O. Box Number is Not Acceptable): 8138 Massachusetts Ave City: New Port Richey **FL** Zip Code: 34653

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	O	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GACANICA, DANICA		NAME	
STREET ADDRESS	7255 NOVA SCOTIA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	
TITLE	O	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS	7255 NOVA SCOTIA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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] 7/5/07 (727)848-5386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

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SIGNATURE: Elizabeth Hudak 7-5-07
(Signature of New Registered Agent, if changed, or of a corporate officer of new registered agent, if a corporation) (Required) (Registered Agent signature required when reinstating) DATE

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #