

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000046376</b>	
1. Entity Name <b>ELEGANT TOUCH STONEWORK, INC</b>	

Principal Place of Business <b>7040 OSTEEN RD NEW PORT RICHEY, FL 34653</b>	Mailing Address <b>7040 OSTEEN RD NEW PORT RICHEY, FL 34653</b>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Sep 04, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2585492</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FIRST CHOICE ACCOUNTING  
8138 MASSACHUSETTES AVE  
NEW PORT RICHEY, FL 34653**

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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 \_\_\_\_\_ U00000958999  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 09/04/08-80002-002 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GACANICA, DANICA 7255 NOVA SCOTIA DRIVE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GACANICA, AMAR 7255 NOVA SCOTIA DRIVE PORT RICHEY, FL 34668
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Danica Gacanica* 9.2.08 727.818.5330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #