


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000083451**

1. Entity Name  
 FLORIDA STONEWARE TOPS, INC.



Principal Place of Business  
 11251 ORANGE RIVER BLVD  
 FT MYERS, FL 33905

Mailing Address  
 11251 ORANGE RIVER BLVD  
 FT MYERS, FL 33905

**DO NOT WRITE IN THIS SPACE**



05132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0956278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, GERALD E  
 11251 ORANGE RIVER BLVD  
 FT MYERS, FL 33905

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	P MARTINEZ, GERALD E 11251 ORANGE RIVER BLVD FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000951951  
 06/04/08-80058-020 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Gerald E. Martinez* **Gerald E. Martinez** *5/2/08* **5/2/08** *239-340-0492* **239-340-0492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #