

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN -9 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052004 No Chg-P CR2E034 (10/03)

DOCUMENT # K61954

1. Entity Name  
SUMNER MARBLE & GRANITE WORKS, INC.



Principal Place of Business  
%SUSAN S. ALFORD  
16-55TH STREET SOUTH  
ST. PETERSBURG, FL 33707

Mailing Address  
%SUSAN S. ALFORD  
16-55TH STREET SOUTH  
ST. PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3029562  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALFORD, SUSAN S.  
16-55TH STREET SOUTH  
ST. PETERSBURG, FL 33707

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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 \$150.00  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALFORD, SUSAN S.
STREET ADDRESS	16-55TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	ALFORD, RICHARD S
STREET ADDRESS	16 55TH STR SO
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Susan S. Alford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04  
Date

Daytime Phone #