
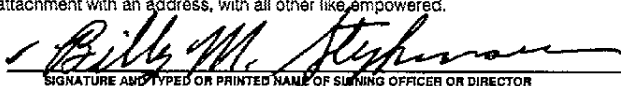


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 548245</b> 1. Entity Name <b>SOUTHERN MONUMENT STUDIO, INC.</b>		
Principal Place of Business <b>404 N BOULEVARD EAST LEESBURG, FL 34748</b>	Mailing Address <b>404 N BOULEVARD EAST LEESBURG, FL 34748</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TAYLOR, L E 1029 WEST MAGNOLIA STREET LEESBURG, FL 32748</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEPHENSON, BRYAN E 404 N. BLVD. EAST LEESBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEPHENSON, EMILY E. 404 N. BLVD. EAST LEESBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEPHENSON, BILLY 404 N. BOULEVARD E. LEESBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEPHENSON, MARY SUE 404 N. BOULEVARD E. LEESBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  BILLY M. STEPHENSON		Date <b>2/29/06</b> 352- Daytime Phone # <b>787-3241</b>



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1771030</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

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03/14/06-80053-007 150.00