2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90007 004 ***150.00

DOCUMENT # 548245 1. Entity Name SOUTHERN MONUMENT STUDIO, INC.						03-31-2008	90007 0)4 ***15	50.00	
Principal Place of Business Mailing Address					4					
404 N BOULEVARD EAST LEESBURG, FL 34748		404 N BOULEVARD EAST Leesburg, FL 34748				,•				
Principal Place of Business - No P.O. Box # 3. Mailing Address										
·						1106 1610 161 165 166	LIBII BLULT BİBII	010ii 910ii 018		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Numb		•	-	oplied For ot Applicable	
Zip	Country	Zip	Count	ry		of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	tered Agent			Fee Required 7. Name and Address of New Registered Agent				
			Name HUNT . ASHLEY							
TAYLOR, LE 1029 WEST MAGNOLIA STREET				Street Address (P.O. Box Number is Not Acceptable)						
	G, FL 32748		asserting to the transfer is the therefrenie)							
				201 W MAIN STREET						
				City TAVARES FL Zip Code					ワな	
8. The above named entity submits this efairment 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, type or printed name of equations agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									•	
10.	10. OFFICERS AND DIRECTORS				ADDITIONS	CHANGES TO OFFIC	CERS AND (IRECTOR:	S IN 11	
FITLE	VD	☐ Delete	TITLE	PD		- 01 A A C		⊈ Change	☐ Addition	
NAME STREET ADDRESS	STEPHENSON, BRYAN E 404 N. BLVD. EAST		NAME		NO SHAH					
CITY-ST-ZIP	LEESBURG, FL					FL 34748				
TITLE	S	☐ Delete	TITLE					Change	☐ Addition	
NAME	STEPHENSON, EMILY E.		NAME							
STREET ADDRESS CITY-ST-ZIP	404 N. BLVD. EAST LEESBURG, FL			T ADDRESS ST-ZIP						
TITLE	PD	☐ Delete	TITLE	٧b				- € Change	☐ Addition	
NAME	STEPHENSON, BILLY -		- NAME	CTE	PHENSON	BILLY EVARDE.				
STREET ADDRESS CITY-ST-ZIP	404 N. BOULEVARD E.					FL 34748				
TITLE	LEESBURG, FL	☐ Delete	TITLE	51-2IP L.E.	ES BUNCO,	P = 37171			Charmen	
NAME	STEPHENSON, MARY SUE	□ Delate	NAME		•		'	Change	Addition	
STREET ADDRESS	404 N. BOULEVARD E.			T ADDRESS						
CITY-ST-ZIP	LEESBURG, FL		CITY-	ST-ZIP						
TITLE NAME		☐ Delete	TITLE				[] Change	Addition	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-	ST - ZiP				•		
TITLE .		Delete	TITLE				[Change	Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP				ST-ZIP	•		-		# · - · · ·	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exe	mptions containe	d in Chapter 119	Florida Statutes. I fu	urther certify	that the in	formation or director	
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.										