
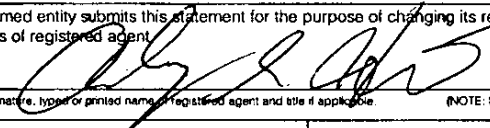
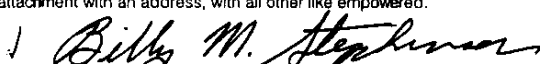


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90007 004 \*\*\*150.00

<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>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1771030</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <div>           6. Name and Address of Current Registered Agent   <b>TAYLOR, L E 1029 WEST MAGNOLIA STREET LEESBURG, FL 32748</b> </div> <div>           7. Name and Address of New Registered Agent            Name <b>HUNT, ASHLEY</b>            Street Address (P.O. Box Number is Not Acceptable)  <b>201 W MAIN STREET</b>            City <b>TAVARES</b>      <b>FL</b>      Zip Code <b>32778</b> </div> </div>					
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)      DATE:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENSON, BRYAN E 404 N. BLVD. EAST LEESBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENSON, EMILY E. 404 N. BLVD. EAST LEESBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, BILLY 404 N. BOULEVARD E. LEESBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, MARY SUE 404 N. BOULEVARD E. LEESBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, BILLY 404 N. BOULEVARD E. LEESBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, BILLY 404 N. BOULEVARD E. LEESBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENSON, BILLY 404 N. BOULEVARD E. LEESBURG, FL	<input type="checkbox"/> Delete			
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:  13/14/2008 352-787-3261					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					