

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 548245

FILED
Feb 20, 2009
Secretary of State

Entity Name: SOUTHERN MONUMENT STUDIO, INC.

Current Principal Place of Business:

404 N BOULEVARD EAST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

404 N BOULEVARD EAST
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-1771030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, ASHLEY
201 W MAIN ST
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEPHENSON, BRYAN E
Address: 404 N BLVD E
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: STEPHENSON, EMILY E.
Address: 404 N. BLVD. EAST
City-St-Zip: LEESBURG, FL

Title: VD () Delete
Name: STEPHENSON, BILLY
Address: 404 N BLVE E
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: STEPHENSON, MARY SUE
Address: 404 N. BOULEVARD E.
City-St-Zip: LEESBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEPHENSON, BRYAN E
Address: 404 N BOULEVARD EAST
City-St-Zip: LEESBURG, FL 34748

Title: S (X) Change () Addition
Name: STEPHENSON, EMILY E.
Address: 404 N. BOULEVARD EAST
City-St-Zip: LEESBURG, FL

Title: VD (X) Change () Addition
Name: STEPHENSON, BILLY
Address: 404 N BOULEVARD EAST
City-St-Zip: LEESBURG, FL 34748

Title: T (X) Change () Addition
Name: STEPHENSON, MARY SUE
Address: 404 N. BOULEVARD EAST
City-St-Zip: LEESBURG, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN STEPHENSON

PD

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date