

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 685665**

1. Entity Name  
**A PLUS FIREPLACES, GRANITE AND MARBLE, INC.**



Principal Place of Business  
**8133 RIDGE ROAD  
PORT RICHEY, FL 34668**

Mailing Address  
**8133 RIDGE ROAD  
PORT RICHEY, FL 34668**

**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2023299**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROCK, DANIEL P.  
7030 PARK DRIVE  
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | STD                       |
| NAME           | MANCINI, MARY BETH        |
| STREET ADDRESS | 5926 SEASIDE DRIVE        |
| CITY-ST-ZIP    | NEW PT RICHEY,, FL 34652  |
| TITLE          | PD                        |
| NAME           | MANCINI, GUIDO            |
| STREET ADDRESS | 5926 SEASIDE DRIVE        |
| CITY-ST-ZIP    | NEW PORT RICHEY, FL 34652 |
| TITLE          | V                         |
| NAME           | MANCINI, MARY BETH        |
| STREET ADDRESS | 5926 SEASIDE DR           |
| CITY-ST-ZIP    | NEW PT RICHEY, FL 34652   |
| 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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05/10/07-80009-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Mary Beth Mancini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mary Beth Mancini**

**4/24/07** **800-282-1117**  
Daytime Phone #