2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003610

Title:

Name:

Address:

City-St-Zip:

Entity Name: COMMERCIAL STONE FABRICATORS, INC.

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3050 46TH AVENUE NORTH ST. PETERSBURG, FL 33714 **Current Mailing Address: New Mailing Address:** 3050 46TH AVENUE NORTH ST. PETERSBURG, FL 33714 FEI Number: 20-1254810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PAS () Delete Title: () Change () Addition Name: MADDUX, LISA G Name: 1200 45TH AVENUE NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33714 City-St-Zip: Title: VSD Title: () Delete () Change () Addition Name: MADDUX, ROBERT B Name: 1200 45TH AVENUE NORTH Address: Address: ST. PETERSBURG, FL 33714 City-St-Zip: City-St-Zip: Title: Title: TCD () Delete () Change () Addition MADDUX, LISA G Name: Name: 1200 45TH AVENUE NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33714 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LISA G. MADDUX PAS 03/29/2006

() Delete

JOHNSON, CAREY W

LAKE WORTH, FL 33460

20 AUBURN DRIVE

() Change () Addition