

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000476

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** STONE ART MASTERPIECES, INC

**Current Principal Place of Business:**

2831 JODECS DR  
JONESBORO, GA 30236

**New Principal Place of Business:**

2831 JODECO DRIVE  
JONESBORO, GA 30236

**Current Mailing Address:**

2831 JODECS DR  
JONESBORO, GA 30236

**New Mailing Address:**

2831 JODECO DRIVE  
JONESBORO, GA 30236

**FEI Number:** 58-2053926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARTIST AND CRAFTERS ASSOCIATION, INC.  
11061 SW 1ST CT  
CORAL SPRINGS, FL 33071 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

**OFFICERS AND DIRECTORS:**

**Title:** CVCD  
**Name:** O'SULLIVAN, PATRICIA  
**Address:** 2831 JODECO DRIVE  
**City-St-Zip:** JONESBORO, GA 30236

**Title:** PVPS  
**Name:** O'SULLIVAN, PATRICIA  
**Address:** 2831 JODECO DRIVE  
**City-St-Zip:** JONESBORO, GA 30236

**Title:** T  
**Name:** O'SULLIVAN, PATRICIA  
**Address:** 2831 JODECO DRIVE  
**City-St-Zip:** JONESBORO, GA 30236

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA O'SULLIVAN

OWNE

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date