

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51584

FILED
Apr 01, 2009
Secretary of State

Entity Name: LIMESTONE PRODUCTS, INC.

Current Principal Place of Business:

P.O. BOX 177
NEWBERY, FL 32669

New Principal Place of Business:

3107 NW COUNTY ROAD #235
NEWBERY, FL 32669

Current Mailing Address:

P.O. BOX 1309
MONROE, NC 28111309 US

New Mailing Address:

P.O. BOX 1309
MONROE, NC 28111 US

FEI Number: 56-1465022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: CATES ARTHUR, K.
Address: P.O. BOX 177
City-St-Zip: NEWBERRY, FL 32669

Title: DST () Delete
Name: BROOME, TOMMY L
Address: PO BOX 1309
City-St-Zip: MONROE, NC 28111

Title: VP () Delete
Name: ROGERS, LARRY
Address: POB 177
City-St-Zip: NEWBERRY, FL 32669

Title: CFOA () Delete
Name: STOKEY, PAUL D
Address: PO BOX 1309
City-St-Zip: MONROE, NC 28111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL D. STOKEY

CFOA

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date