

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H51584

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** LIMESTONE PRODUCTS, INC.

**Current Principal Place of Business:**

3107 NW COUNTY ROAD #235  
NEWBERY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1309  
MONROE, NC 28111 US

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CATES, ARTHUR K  
Address: P.O. BOX 177  
City-St-Zip: NEWBERRY, FL 32669

Title: DVP  
Name: BROOME, TOMMY L  
Address: PO BOX 1309  
City-St-Zip: MONROE, NC 28111

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

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: PAUL STOKEY

CFO

03/14/2012

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

\_\_\_\_\_  
Date