2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2007 08:00 AM DOCUMENT # J75683 Secretary of State 1. Entity Name COBBLE-STONE ELECTRIC, INC. Principal Place of Business Maiting Address % JOE STONE % JOE STONE P 0 BOX 290 P O BOX 290 ISTACHATTA, FL 34636-7290 ISTACHATTA, FL 34636-7290 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2830218 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STONE, JOE DO NOT WRITE 16171 REILAND DR ISTACHATTA, FL 34636 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) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ТЛIF STONE, JOE STREET ADDRESS 16171 REILAND DR CITY-ST-ZIP ISTACHATTA, FL U00000587979 01/17/07-80055-013 150.00 STONE, MARTHA NAME STREET ADDRESS 16171 REILAND DR CITY-ST-ZIP ISTACHATTA, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 1 0 2007

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