

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K61954**

1. Entity Name  
**SUMNER MARBLE & GRANITE WORKS, INC.**



Principal Place of Business

%SUSAN S. ALFORD  
16-55TH STREET SOUTH  
ST. PETERSBURG, FL 33707

Mailing Address

%SUSAN S. ALFORD  
16-55TH STREET SOUTH  
ST. PETERSBURG, FL 33707

**FILED**  
06 JAN -3 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3029562**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALFORD, SUSAN S.  
16-55TH STREET SOUTH  
ST. PETERSBURG, FL 33707

**DO NOT WRITE  
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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ALFORD, SUSAN S.  
STREET ADDRESS 16-55TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE D  
NAME ALFORD, RICHARD S  
STREET ADDRESS 16 55TH STR SO  
CITY-ST-ZIP ST PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900061744049  
01/10/06--01041--008 \*\*200.00

900061744049  
11/29/05--01012--009 \*\*550.00

**REINSTATEMENT**

T. Roberts JAN 05 2006  
**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SUSAN S. ALFORD  
PRESIDENT

11/21/05 (737) 321-5498  
Date Daytime Phone