


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K64072</b> 1. Entity Name SOUTHERN SAND AND STONE, INC.	
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Principal Place of Business 9200 COLLIER BLVD. NAPLES, FL 34114 US	Mailing Address 9200 COLLIER BLVD. NAPLES, FL 34114 US
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04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0102252	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BONNESS, JOSEPH D III  
9200 COLLIER BLVD.  
NAPLES, FL 34114

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11000000553997

05/15/06-80074-020 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONNESS, JOSEPH D III 1910 SEWARD AVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JOAN E. 1910 SEWARD AVE. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILIE, KATHLEEN 1910 SEWARD AVE. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, BRIDGET M 1910 SEWARD AVE. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MARGARET M 1910 SEWARD AVE. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREU, MARY V 1910 SEWARD AVE NAPLES, FL 34109

**DO NOT WRITE  
IN THIS SPACE**

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:  JOAN E JOHNSON 4-25-06 2395972181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #