2008 FOR PROFIT CORPORATION

FILED Jan 28. 2008 08:00 A tate

ANNUAL REPORT							
1. Entity Nam	MENT # K64072 RN SAND AND STONE, INC.				Se	ecretary of St	
Principal Plac 1910 SEWAF NAPLES, FL		Mailing Address 1910 SEWARD AVE NAPLES, FL 34109 US					
DO NOT WRITE IN THIS SPA				01162008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Status Position Status Continued Control Status Position Control Position Control Position Control Position Control Position Control Posi			
 .	6. Name and Address of Current Re	alstered Agent	1	g. Continoute	, , , , , , , , , , , , , , , , , , , ,	Fee Required	
BONNESS, JOSEPH D III 1910 SEWARD AVE NAPLES, FL 34109			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: Note of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI PD BONNESS, JOSEPH D III 1910 SEWARD AVE NAPLES, FL 34109 TD KELLY, DANIEL J	RECTORS			Dooooso	0469	
STREET ADDRESS CITY-ST-ZIP	1910 SEWARD AVE. NAPLES, FL 34109			£*\$	01/31/08-80	018-019 158.75	
NAME STREET ADDRESS CITY-ST-ZIP	BAILIE, KATHLEEN 1910 SEWARD AVE. NAPLES, FL 34109			•	NOT WR	j	
NAME SIREET ADDRESS CITY-ST-ZIP				ĬŅ.	THIS SPA	CE	
TITLE		-	I		•	1	

12. Thereby 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:

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

> Daniel J. Kelly ED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/08

239-597-2181 Daytime Phone #