2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000073736

1. Entity Name

ONE STOP COUNTERTOPS LLC



Principal Place of Business

2217 CAPRI DRIVE CLEARWATER, FL 33763 Mailing Address

2217 CAPRI DRIVE CLEARWATER, FL 33763

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90433 050 ****50.00



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02022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3218675 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY, JOSEPH L 2217 CAPRI DRIVE CLEARWATER, FL 33763

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The above	named entity submits this statement for the purpose of chair	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.		
SIGNATURE_			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGR TERRY, JOSEPH L
STREET ADDRESS	2217 CAPRI DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	MGR
NAME -	TERRY, DONNA'S
STREET ADDRESS	2217 CAPRI DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33763
ULFE	
NAME	
STREET ADDRESS	=
CITY-ST-ZIP	
TITLE :	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CHTY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the ear

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING MANAGING INDIVISIER,

3-30-07

Onte

Daytime Phone if