

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40283

FILED  
May 02, 2007  
Secretary of State

Entity Name: SOLID SURFACE DESIGNS, INC.

**Current Principal Place of Business:**

1927 SW MACEDO BLVD.  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1927 SW MACEDO BLVD.  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 66-0401927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORNEY, SANDRA  
176 SE OSPREY RIDGE  
PORT ST LUCIE, FL 32984 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GORNEY, ANTHONY,  
Address: 176 SE OSPREY RIDGE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: ST ( ) Delete  
Name: GORNEY, SANDRA,  
Address: 176 SE OPREY RIDGE DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP ( ) Delete  
Name: DELANO, PETER  
Address: 3533 SW HYDE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP ( ) Delete  
Name: DELANO, JOSEPH  
Address: 337 SE FISK ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34984

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY GORNEY

PRES

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date