

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90409 009 ***150.00

DOCUMENT # P00000022380

1. Entity Name
Q.E.P. STONE HOLDINGS, INC.



Principal Place of Business
1001 BROKEN SOUND PKWY, NW STE A
BOCA RATON, FL 33487

Mailing Address
1001 BROKEN SOUND PKWY, NW STE A
BOCA RATON, FL 33487

40087744



04242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 65-0989736		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GOULD, LEWIS 1001 BROKEN SOUND PKWY NW STE A BOCA RATON, FL 33487				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CCEO	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOULD, LEWIS			NAME	WALTERS, ROBERT		
STREET ADDRESS	1001 BROKEN SOUND PKWY NW STE A			STREET ADDRESS	1001 BROKEN SOUND PKWY		
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP	BOCA RATON, FL 33487		
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	ICFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOULD, LEONARD			NAME	FLEISCHER, STUART		
STREET ADDRESS	1001 BROKEN SOUND PKWY NW STE A			STREET ADDRESS	1001 BROKEN SOUND PKWY		
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP	BOCA RATON, FL 33487		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, SUSAN			NAME			
STREET ADDRESS	1001 BROKEN SOUND PKWY NW STE A			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLM, LAURA			NAME			
STREET ADDRESS	1001 BROKEN SOUND PKWY NW STE A			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KREILEN, DAVID			NAME			
STREET ADDRESS	1001 BROKEN SOUND PKWY NW STE A			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOGEL, EMIL			NAME			
STREET ADDRESS	1001 BROKEN SOUND PKWY NW STE A			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP			

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: ENOS BROWN 04/24/08 561-994-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #