


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000038427**  
 1. Entity Name  
 SUPER STONE MASONARY, INC.



Principal Place of Business      Mailing Address  
 631 LINDSAY AVE                      631 LINDSAY AVE  
 COCOA, FL 32927 US                  COCOA, FL 32927 US

**DO NOT WRITE IN THIS SPACE**



02102004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-3713378                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SUPER, FELECIA A PRES.  
 631 LINDSAY AVE  
 COCOA, FL 32927

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000145888  
 05/03/04-80044-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SUPER, FELECIA 631 LINDSAY AVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SUPER, CURT 631 LINDSAY AVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Felecia Super      4/28/04      321-636-4318  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #