


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 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**



03032008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3713378</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**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	
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
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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: *Felecia Super*    **FELECIA SUPER**    3/4/08    321-636-4318  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #