


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000121314</b> 1. Entity Name FLORIDA LITHOLOGY NO. 1, INC.	
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Principal Place of Business 14255 US HIGHWAY 1 SUITE 231 JUNO BEACH, FL 33408	Mailing Address 14255 US HIGHWAY 1 SUITE 231 JUNO BEACH, FL 33408
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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0032347	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  FREEMAN, PAUL H 1840 W 49TH STREET SUITE 410 HIALEAH, FL 33012
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMENT, ANTHONY E 14255 UW HWY 1 STE 231 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONETHIS, CHRISTINE M 14255 US HWY 1 STE 231 JUNO BEACH, FL 33408
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02/26/08-80014-012 150.00

**DO NOT WRITE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/08 861-630-9022

Date

Daytime Phone #