

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90099 013 \*\*\*150.00

<b>DOCUMENT # P03000008526</b>					
<b>1. Entity Name</b> STEPPING STONE BRICK PAVERS INC.					
<b>Principal Place of Business</b> <del>1602 INVERNESS ROAD</del> <del>FERNANDINA BEACH, FL 32034</del>			<b>Mailing Address</b> <del>1602 INVERNESS ROAD</del> <del>FERNANDINA BEACH, FL 32034</del>		
<b>2. Principal Place of Business</b> 2321 BARKWOOD PASS Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2321 BARKWOOD PASS Suite, Apt. #, etc.			
<b>City &amp; State</b> CLEARWATER, FL Zip 33763 Country		<b>City &amp; State</b> CLEARWATER, FL Zip 33763 Country		<b>4. FEI Number</b> 43-1993341	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> REICHLE, DAMON 1602 INVERNESS ROAD FERNANDINA BEACH, FL 32034			<b>7. Name and Address of New Registered Agent</b> Name: Reichle, Damon Street Address (P.O. Box Number is Not Acceptable): 2321 BARKWOOD PASS City: Clearwater FL Zip Code: 33763		
<b>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.</b>					
SIGNATURE _____ (NOTE: Reg's/ored Agent's signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REICHLE, DAMON <del>1602 INVERNESS ROAD</del> <del>FERNANDINA BEACH, FL 32034</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2321 BARKWOOD PASS CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>			1/18/06 727-639-6108 Date Daytime Phone		