2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000008526

1. Entity Name

STEPPING STONE BRICK PAVERS INC.



Principal Place of Business

2321 BARKWOOD PASS CLEARWATER, FL 33763 Mailing Address

2321 BARKWOOD PASS CLEARWATER, FL 33763

FILED Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90065 010 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 43-1993341

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REICHLE, DAMON 2321 BARKWOOD PASS CLEARWATER, FL 33763

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	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, Typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REICHLE, DAMON 2321 BARKWOOD PASS CLEARWATER, FL 33763				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S REICHLE, AZDRETA 2321 BARKWOOD PASS CLEARWATER, FL 33763				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reichle

125/07 127-216-3420

Daytime Phone #