


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90003 024 \*\*\*150.00

DOCUMENT # P03000025859 1. Entity Name SOUTHEAST STONE & PAVERS, INC.	
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Principal Place of Business 18140 PORTSIDE TAMPA, FL 33647	Mailing Address 14275 MIDWAY 220 ADDISON, TX 75001
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**50061027**



2. Principal Place of Business <i>10118 Heather Sound Dr.</i>	3. Mailing Address <i>14275 Midway</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>220</i>
City & State <i>Tampa, FL</i>	City & State <i>Addison, TX</i>
Zip <i>33647</i>	Country <i>USA</i>
Zip <i>75001</i>	Country <i>USA</i>

08052005 Chg-P CR2E034 (10/03)

4. FEI Number 55-0821605	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  COLLINS, GARY 18209 COLLRIDGE DR TAMPA, FL 33647	7. Name and Address of Now Registered Agent Name <i>Gary Collins</i> Street Address (P.O. Box Number is Not Acceptable) <i>10118 Heather Sound Drive</i> City <i>Tampa</i> FL Zip Code <i>33647</i>
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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 *[Signature]* DATE *8.5.05*

Signature, typed or printed name of registered agent and title is solicitor's (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, GARY 18140 PORTSIDE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gary Collins 10118 Heather Sound Drive Tampa, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHAAST, HOLLY M 18140 PORTSIDE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nicholas, Holly 14275 Midway Ste 220 Addison, TX 75001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied in 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: *[Signature]* DATE *8.5.05* DAYTIME PHONE *972-687-9011*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR