


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90071 022 \*\*\*158.75

**DOCUMENT # P03000126011**

1. Entity Name  
**ART & STONE PRODUCTS, INC.**



Principal Place of Business      Mailing Address  
**2050 17TH ST**                      **2050 17TH ST**  
**SARASOTA, FL 34234**              **SARASOTA, FL 34234**

**40037905**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

03152007      Chg-P      CR2E034 (12/06)

City & State                      City & State

Zip      Country                      Zip      Country

4. FEI Number                      Applied For  
**83-0379584**                      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, BENJAMIN G**  
**1620 MAIN ST., STE. 1**  
**SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **Graybill, David**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8103 50th St. Cir. East**  
 City **Sarasota**      FL      Zip Code **34243**

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 *D. Graybill*      Director      3/15/07  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAYBILL, DAVID	
STREET ADDRESS	8103 50TH ST. CIR. EAST	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *D. Graybill*      3/15/07      941-954-5636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #