## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P04000008890

1. Entity Name MIKE KORNAKER STONEWORKS, INC.



Principal Place of Business

Mailing Address

2180 CAMELLIA DRIVE LONGWOOD, FL 32779 2428 SOUTH MAPLE AVENUE SANFORD, FL 32771 US

**FILED** May 01, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04282008 No Chg-P Applied For 4. FEI Number

5, Certificate of Status Desired

77-0619532

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

changed, or on an atlachment with an address, with all other like empowered.

DEVORE, ROSA L 2428 SOUTH MAPLE AVENUE SANFORD, FL 32771

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registered	t affice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000941065 05/28/08-80092-002 150.00
10.	OFFICERS AND DIREC	TORS		<u></u>	The state of the s
NAME STREET ADDRESS CMY-ST-7/P	P/T KORNAKER, MICHAEL E 2180 CAMELLIA DRIVE LONGWOOD, FL 32779				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SPACE
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NAME STREET ADDRESS CITY-ST-ZIP				•	
12. Thereby certify that the information supplied with this filling 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					