2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 11, 2005 8:00 am Secretary of State DOCUMENT # P04000026415 04-11-2005 90195 003 ***150.00 1. Entity Name TUSCANNY STONE & MARBLE, INC. Principal Place of Business Mailing Address 50036748 240 BENSON ST UNIT C 240 BENSON ST UNIT C NAPLES, FL 34113 NAPLES, FL 34113 Principal Place of Business Mailing Address 339 Benson Suite, Apt. #, etc Suite, Apt. #, etc. 04042005 CR2E034 (10/03) Chg-P City & State Applied For FEI Number 4. FEI Number 20-072<u>1359</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEMPER, CHRISTOPHER G Street Address (P.O. Box Number is Not Acceptable) 249 BENSON ST UNIT C NAPLES, FL 34113 339 Benson 339 Benson St. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicab 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ■ Addition TITLE Delete TITLE NAME KEMPER, CHRISTOPHER G NAME 339 Benson St. STREET ADDRESS STREET ADDRESS 249 BENSON ST UNIT C CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP VST ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROSENDAHL, LEONARD H NAME NAME STREET ADDRESS **458 CENTRAL AVE** STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with 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

FILED