2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000027649

1. Entity Name

SIGNATURE:

RE AND TYPED OR PRINT



FILED

Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90351 003 ***150.00

Jan 15 -1906

NATURAL STONE WORKS, INC. Principal Place of Business Mailing Address 40049924 20103 CHEETAH LANE C/O ROBERT D. ROYSTON, JR., ESQ. ESTERO, FL 33928 P.O. DRAWER 60205 FORT MYERS, FL 33906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 73-1694747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROYSTON, ROBERT D **COSTELLO & ROYSTON** Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD., STE. 101 FORT MYERS, FL 33907 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Addition ☐ Change JONES, J. LEE NAME NAME 20103 CHEETAH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition JONES, CONSTANCE A NAME NAME STREET ADDRESS 20103 CHEETAH LANE STREET ADDRESS CITY-ST-7IP ESTERO, FL 33928 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607.

AME OF SIGNING OFFICER