2007 FOR PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2007 90395 048 ***150 00 DOCUMENT # P04000027649 1. Entity Name NATURAL STONE WORKS, INC. 40087827 Principal Place of Business Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. 20103 CHEETAH LANE P.O. DRAWER 60205 ESTERO, FL 33928 FORT MYERS, FL 33906 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Cha-P CR2E034 (12/06) City & State ... City & State 4 FEI Number Applied For 73-1694747 Not Applicable Zip Country Ζiρ 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-Street Address (P.O. Box Number is Not Acceptable) **COSTELLO & ROYSTON** 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, J. LEE NAME STREET ADDRESS 20103 CHEETAH LANE STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition JONES, CONSTANCE A STREET ADDRESS 20103 CHEETAH LANE STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TIT! F Delete TITLE ☐ Change Addition 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-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

DTYPED OR PRINTED NAME OF SIG

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

FILED