

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029008

Entity Name: MICAH STONE WORKS, INC.

FILED  
Mar 17, 2008  
Secretary of State

## Current Principal Place of Business:

2015 HAWK HAVEN TR  
DELAND, FL 32720

## New Principal Place of Business:

1617 N ALLIGATOR RD  
DELAND, FL 32724

## Current Mailing Address:

2015 HAWK HAVEN TR  
DELAND, FL 32720

## New Mailing Address:

PO BOX 229225  
DELAND, FL 32720

FEI Number: 20-0802220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARSONS, MICHAEL D  
2015 HAWK HAVEN TR  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARSONS, MICHAEL D  
Address: 2015 HAWK HAVEN TR  
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete  
Name: PARSONS, DEBORAH  
Address: 2015 HAWK HAVEN TR  
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PARSONS, DEBORAH  
Address: 2015 HAWK HAVEN TR  
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Change (X) Addition  
Name: CROWNOVER, CAREY E  
Address: 1823 GLENNWOOD RD  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Change (X) Addition  
Name: CROWNOVER, CANDACE  
Address: 1823 GLENNWOOD RD  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PARSONS

P

03/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date