

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90233 022 \*\*\*150.00

**DOCUMENT # P04000089218**

1. Entity Name  
**IMAGINE THIS... IN STONE!, INC.**



Principal Place of Business  
**1702 LANGLEY AVENUE  
UNIT A  
DELAND, FL 32724 US**

Mailing Address  
**1702 LANGLEY AVENUE  
UNIT A  
DELAND, FL 32724 US**

90009000



01272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**20-1209622**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, LAURA J  
3801 STRAWBERRY LANE  
NEW SMYRNA BEACH, FL 32168**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P HUGHES, LAURA J**  
STREET ADDRESS **3801 STRAWBERRY LANE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SEC APPLEGREN, JANET L**  
STREET ADDRESS **777 BENNETT ROAD**  
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T JACQUES, RANDOLPH D**  
STREET ADDRESS **6105 JASMINE VINE DRIVE**  
CITY-ST-ZIP **PORT ORANGE, FL 32776**

TITLE ☒ Change ☐ Addition  
NAME **JACQUES, RANDOLPH D**  
STREET ADDRESS **3640 Pepper Lane**  
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE ☐ Delete  
NAME **VP GANT, MICHAEL C**  
STREET ADDRESS **2444 S NOVA RD., UNIT 2**  
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE ☒ Change ☐ Addition  
NAME **VP Gant, Michael C**  
STREET ADDRESS **1145 McKenzie Road**  
CITY-ST-ZIP **Lake Helen, FL 32744**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: Janet Applegren  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (386) 740-1997  
Date Daytime Phone #