

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90013 032 ***150.00

DOCUMENT # P04000104133

1. Entity Name
ST. CLAIR STONEWORK, INC.



Principal Place of Business Mailing Address
1219 63RD ST NW 203 65th Street COURT NW
BRADENTON, FL 34209

50021019



2. Principal Place of Business 3. Mailing Address

06012006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 54-2156349 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

ST. CLAIR, SHARON
1219 63RD ST NW 203 65th Street COURT NW
BRADENTON, FL 34209

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

NOTICE NOT RECEIVED
FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME **ST. CLAIR, MATTHEW**
STREET ADDRESS **1219 63RD ST NW**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☒ Change ☐ Addition
NAME **203 65th Street COURT NW**
STREET ADDRESS **BRADENTON, FL 34209**
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **ST. CLAIR, SHARON**
STREET ADDRESS **1219 63RD ST NW**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☒ Change ☐ Addition
NAME **203 65th Street COURT NW**
STREET ADDRESS **BRADENTON, FL 34209**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-06 94761-9795

Date

Daytime Phone #