

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003218

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: STS GRANITE & MARBLE FABRICATION INC.

**Current Principal Place of Business:**

2717 WEST COVINGTON DR.  
DELTONA, FL 32738

**New Principal Place of Business:**

403 INTEGRATED CT.  
SUITE 110  
DEBARY, FL 32713

**Current Mailing Address:**

2717 WEST COVINGTON DR.  
DELTONA, FL 32738

**New Mailing Address:**

403 INTEGRATED CT.  
SUITE 110  
DEBARY, FL 32713

FEI Number: 42-1658923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVE, TIM  
2717 WEST COVINGTON DRIVE  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

STEVE, TIM H  
2717 WEST COVINGTON DRIVE  
DELTONA, FL 32738 US

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: STEVE TIM

02/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: TIM, STEVE H PRES  
Address: 2717 WEST COVINGTON DR.  
City-St-Zip: DELTONA, FL 32738

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: TIM, STEVE H PRES  
Address: 2717 WEST COVINGTON DRIVE.  
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Change (X) Addition  
Name: DARNLEY, RUTH E MISS  
Address: 2717 WEST COVINGTON DRIVE  
City-St-Zip: DELTONA, FL 32738 VO

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: STEVE TIM

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

Date