

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000005167

FILED  
Jan 31, 2007  
Secretary of State

Entity Name: SWEARINGEN CUSTOM STONE, INC.

## Current Principal Place of Business:

P.O. BOX 438  
SORRENTO, FL 32776

## New Principal Place of Business:

26143 LEEWARD ROAD  
EUSTIS, FL 32726

## Current Mailing Address:

P.O. BOX 438  
SORRENTO, FL 32776

## New Mailing Address:

FEI Number: 33-1108897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWEARINGEN, DONALD  
26143 LEE ROAD  
EUSTIS, FL 32726      US

## Name and Address of New Registered Agent:

SWEARINGEN, DONALD  
26143 LEEWARD ROAD  
EUSTIS, FL 32726      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: DONALD SWEARINGEN

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SWEARINGEN, DONALD  
Address: P.O. BOX 438  
City-St-Zip: SORRENTO, FL 32776

Title: VP ( ) Delete  
Name: SWEARINGEN, KATHLEEN L  
Address: P.O. BOX 438  
City-St-Zip: SORRENTO, FL 32776

Title: SEC ( ) Delete  
Name: SWEARINGEN, KATHLEEN L  
Address: P.O. BOX 438  
City-St-Zip: SORRENTO, FL 32776

Title: TREA ( ) Delete  
Name: NISSEN, MICHAEL E JR.  
Address: P.O. BOX 438  
City-St-Zip: SORRENTO, FL 32776

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD SWEARINGEN

PRES

01/31/2007

Electronic Signature of Signing Officer or Director

Date