

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

08 SEP 25 PM 4:07

CLERK OF STATE
TALLAHASSEE, FLORIDA



07172008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000029842			
1. Entity Name BIG STONE MARBLE & GRANITE INC.			
Principal Place of Business 865 SKY LAKE, SUITE C ORLANDO, FL 32809		Mailing Address 865 SKY LAKE, SUITE C ORLANDO, FL 32809	
2. Principal Place of Business - No P.O. Box # 41547 Locust St Suite, Apt. #, etc.		3. Mailing Address 41547 Locust St Suite, Apt. #, etc.	
City & State Eustis, FL Zip 32736 Country		City & State Eustis, FL Zip 32736 Country	
4. FEI Number 20-2446435		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, JUAN MANUEL 103 MILLS WEST AVE. B EUSTIS, FL 32726		7. Name and Address of New Registered Agent Name: Juan Manuel Ramirez Street Address (P.O. Box Number is Not Acceptable) 41547 Locust St City: Eustis FL Zip Code: 32736	
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: Juan M. Ramirez 08/22/08 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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P RAMIREZ, JUAN MANUEL 103 MILLS WEST AVE. EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Juan Manuel Ramirez 41547 Locust St Eustis, FL 32736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200136342072 09/25/08--01048--002 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.			
SIGNATURE: Juan M. Ramirez		08/22/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

9/25