

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074082

Entity Name: B & B STONE WORK, INC.

FILED  
Aug 16, 2007  
Secretary of State

## Current Principal Place of Business:

85050 AMANDA CT  
YULEE, FL 32097

## New Principal Place of Business:

## Current Mailing Address:

85050 AMANDA CT  
YULEE, FL 32097

## New Mailing Address:

FEI Number: 86-1139658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TROXELL, WILLIAM L SR  
85050 AMANDA CT  
YULEE, FL 32097 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MT ( ) Delete  
Name: TROXELL, WILLIAM SR  
Address: 85833 AVANT RD  
City-St-Zip: YULEE, FL 32097

Title: P ( ) Delete  
Name: TROXELL, WILLIAM JR  
Address: 85050 AMANDA CT  
City-St-Zip: YULEE, FL 32097

Title: V (X) Delete  
Name: TROXELL, JAMES  
Address: 85109 HURRICANE LANE  
City-St-Zip: YULEE, FL 32097

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: TROXELL, WILLIAM L JR  
Address: 85050 AMANDA COURT  
City-St-Zip: YULEE, FL 32097

Title: VCFO (X) Change ( ) Addition  
Name: TROXELL, KIMBERLY M  
Address: 85050 AMANDA CT  
City-St-Zip: YULEE, FL 32097

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

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: KIMBERLY M TROXELL

VPCF

08/16/2007

Electronic Signature of Signing Officer or Director

Date