## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000121383

City-St-Zip:

VESTAL, NY 13850

FILED Apr 25, 2008 Secretary of State

2001		00000121000		ocorciary or otate	
Entity Nar	me: STERI	LING MARBLE & GRANITE, INC.			
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
1959 HAMMONDVILLE RD. POMPANO BEACH, FL 33069				300 PLAZA DRIVE VESTAL, NY 13850	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
300 PLAZA VESTAL, N					
FEI Number:	20-3450497	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US			4500 CARMICHAE	WEST FLORIDA DISTRIBUTORS - TRACEY KLUMPP 4500 CARMICHAEL AVE. SARASOTA, FL 34234 US	
	named ent e of Florida.		purpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: TRACEY KLUMPP				04/25/2008	
	Elect	ronic Signature of Registered Ag	ent	Date	
Election Car	npaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P KOFFMAN, 300 PLAZA VESTAL, N	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP KOFFMAN, 300 PLAZA VESTAL, N	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC KOFFMAN, 300 PLAZA	( ) Delete JEFFREY P DRIVE	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DAVID L. KOFFMAN VP 04/25/2008