

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021953

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: DECORATIVE FOAM & STONE, INC

**Current Principal Place of Business:**

624 N BELAIR DRIVE  
PLANTATION, FL 33317

**New Principal Place of Business:**

17470 JEAN STREET  
FT. MYERS, FL 33967

**Current Mailing Address:**

624 N BELAIR DRIVE  
PLANTATION, FL 33317

**New Mailing Address:**

17470 JEAN STREET  
FT. MYERS, FL 33967

FEI Number: 02-0766196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWAN, LAWRENCE  
1749 NE 10TH TERRACE  
UNIT 4  
CAPE CORAL, FL 33909 US

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

SIGMON, KATHI  
411 SW 130 AVE.  
DAVIE, FL 33325 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: KATHI SIGMON

04/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: TOKARZ, STEVE  
Address: 624 N BELAIR DRIVE  
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete  
Name: TOKARZ, STEVE  
Address: 624 N BELAIR DRIVE  
City-St-Zip: PLANTATION, FL 33317

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

Title: PSTD (X) Change ( ) Addition  
Name: TOKARZ, STEVE  
Address: 17470 JEAN STREET  
City-St-Zip: FT. MYERS, FL 33967

Title: VP (X) Change ( ) Addition  
Name: TOKARZ, STEVE  
Address: 17470 JEAN STREET  
City-St-Zip: FT. MYERS, FL 33967

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: STEVE TOKARZ

PSTD

04/02/2007

Electronic Signature of Signing Officer or Director

Date