## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 04, 2007 8:00 am Secretary of State

DOCUMENT # P06000124036 1. SHIPTY-Paire ITTALIAN MARBLE & GRANITE SPECIALISTS INC    Purcipal Place of Business   Maring Address   Maring Addr		AIIIVAL					05.02.2005	000000045 ***	1.50.00	
FORT MYERS, FL 33912 US  FORT MYERS, FL 33912 US  FORT MYERS, FL 33912 US  Suite, Aol. F. etc.  Suite, Aol. F. etc.  Cay & State  Chy &	1. Entity Name						05-03-2007	90028 043 ****	150.00	
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S. Conflicted of Status Desired   S. Conflicted of Status Desired   Series People   Series Peo	City & State		City & State			4. FEI Number 20-3	561338	9		
HERITAGE TAX & CONSULTING SERVICES INC 11220 METRO PARKWAY #3 FORT MYERS, FL 33912  City FL Zip Code	Zip			Country		5. Certificate	of Status Desired			
HERTIAGE TAX & CONSULTING SERVICES INC  1/20 METRO PARKWAY  #3  FORT MYERS, FL 33912    City   FL   Ze Code		6. Name and Address of Current		7. Name and	Address of New R	ogistered Agent				
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	UEDITACI	F TAY & CONCULTING SERV	LOCE INC	Name						
City   FL   Zip Code	11220 METRO PARKWAY			Street A	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU	· · · ·									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature hand to existe reme of registered agent and late if adequates in the Change agent and late if adequates in the Change agent and in the State of Florida. I am familiar with, and accept into obligations of registered agent.  FILE NOWITH FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.				City				Zio Co		
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	12. I hereby	certify that the information supplied with	this filing does not qualify for t	he exemptions o	ontained i	n Chapter 119.	Florida Statutes, I	lurther certily that the	nformation	

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 like ampowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR