2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030615

Entity Name: SUPERIOR STONE DISTRIBUTORS, INC.

FILED Jan 04, 2008 Secretary of State

5590 SHIRLEY STREET NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

P.O. BOX 9979 5590 SHIRLEY STREET NAPLES, FL 34101 US NAPLES, FL 34109 US

FEI Number: 20-8646958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BONNESS, JOSEPH D III BONNESS, JOSEPH D III 1910 SEWARD AVENUE 5590 SHIRLEY STREET NAPLES, FL 34109 NAPLES, FL 34109

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: 01/04/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

VΡ

Title:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CEOD () Delete Title: (X) Change () Addition BONNESS, JOSEPH D III BONNESS, JOSEPH D III Name: 1910 SEWARD AVENUE 5590 SHIRLEY STREET Address:

City-St-Zip: NAPLES, FL 34109 US City-St-Zip: NAPLES, FL 34109 US

Title: Title: VTD () Delete (X) Change () Addition Name: KELLY, DANIEL J Name: KELLY, DANIEL J 1910 SEWARD AVENUE 5590 SHIRLEY STREET Address: Address: NAPLES, FL 34109 US NAPLES, FL 34109 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete PD

KELLY, DANIEL J KOCSES, BRIAN A Name: Name: 1910 SEWARD AVENUE 5590 SHIRLEY STREET Address: Address: City-St-Zip: NAPLES, FL 34109 US City-St-Zip: NAPLES, FL 34109 US

Title: () Delete Title: SD (X) Change () Addition

JOHNSON, JOAN E BAILIE, KATHLEEN M Name: Name: Address: 1910 SEWARD AVENUE Address: 5590 SHIRLEY STREET City-St-Zip: NAPLES, FL 34109 US City-St-Zip: NAPLES, FL 34109 US

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: DANIEL J. KELLY **VTD** 01/04/2008