

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000056392

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** CREATIVE STONE RESTORATION, INC.

**Current Principal Place of Business:**

15173 63RD PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

2658 SW MONTERREY LANE  
PORT SAINT LUCIE, FL 34953 US

**Current Mailing Address:**

15173 63RD PLACE NORTH  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

2658 SW MONTERREY LANE  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

WELLS, JASON  
15173 63RD PLACE NORTH  
LOXAHATCHEE, FL 33470 US

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

WELLS, JASON  
2658 SW MONTERREY LANE  
PORT SAINT LUCIE, FL 34953 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/23/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P,T,  
Name: WELLS, JASON  
Address: 2658 SW MONTERREY LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby 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 all other like empowered.

SIGNATURE: JASON J WELLS

MR.

02/23/2011

Electronic Signature of Signing Officer or Director

Date