2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

Daytene Phone #

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| DOCUMENT # P | 3465 | 4 | | |
| DOCUMENT TO | | 7 | | |

1. Entity Name

ARCHITECTURAL STONE IMPORTS, INC.

Principal Place of Business

301 FOOTHILLS PL

CHELSEA, AL 35043 US

Mailing Address

301 FOOTHILLS PL CHELSEA, AL 35043

US

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DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1033563

S. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, THOMAS W. 1206 MANATEE AVENUE, WEST BRADENTON, FL 34205

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the prions of registered agent. | urpose of changing its registe | ered office or re | egistered agent, or bo | th, in the State of Flori | da. I am familiar v | vith, and accept |
|---|---|---|--------------------------------|---|---------------------------|----------------------|------------------|
| SIGNATURE | | | | ** ** | | 6.77 | • |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agenture required when reinstating) DATE | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | U00000; 02/05/08-1 | 304829 30083-015 | 150.00 | |
| 10. | OFFICERS AND DIREC | TORS | T | | | | |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | PCD DELOACH, JAMES 1644 KAHATCHEE LOOP CHILDERSBURG, AL | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DELOACH, DOROTHY B. 1644 KAHATCHEE LOOP CHILDERSBURG, AL | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | · | | IN . | THIS SP | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | • | | • |
| TITLE NAME | | | | 1 + 11 + 2 | | | |
| STREET ADDRESS : CITY-ST-ZIP | | - | | عدد د به به د بر المحاد الم المحادث المحاد | on classe of data on high | san (A see na | |
| indicated of the cor | certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | nd accurate and that my sign to execute this report as req | ature shall hav | e the same legal effec | ct as if made under oa | th: that I am an off | icer or director |