## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 07, 2007 8:00 am Secretary of State

DOCUMENT # P98000062359  1. Entity Name FLORIDA STONE & MARBLE, INC.			09-07-2	007 90002 016 ***1:	50.00	
Principal Place of Business 6110 POWERS AVENUE, #11 JACKSONVILLE, FL 32217  Mailing Address 6110 POWERS AVENUE, #11 JACKSONVILLE, FL 32217				::  18:::  18:::  18::  18::  18::  18::  18::  18::  18::  18::  18::  18::  18::  18::  18::  18::  18::  18		
2. Principal Place of Business - No P.O. Box # 6213 Powers A*E Suite, Apt. #, etc.  3. Mailing Address 6213 Powers Suite, Apt. #, etc.		ers Ave	08312007 Chg-P	CR2E034 (12/06)		
City & State  Jax FL  Zip  32217  6. Name and Address of Current F		Country	FEI Number     59-3522386     Certificate of Status Desir	No. \$8.75 Add		
6. Name and Address of Current F	32217   Registered Agent		7. Name and Address of N	<u> </u>	-	
v. Haine and Address of Current P	ASIMPOLOS UBOLIT	Name	remine and reserves of the			
EDENFIELD, JERRY 6110 POWERS AVENUE, #11 JACKSONVILLE, FL 32217		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
		City		FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Speed or graphed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees			
10. OFFICERS AND I		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR		
IIILE P  NAME EDENFIELD, JERRY  STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32217	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME SIREET ADDRESS CITY-S1-ZIP  TAX, FZ 322	Ave Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
IIILE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with	Delete	NAME STREET ADDRESS CHY-SI-ZIP	od in Chapter 119 Elevida State	Change	Addition	

SIGNATURE:

## ATTACHMENT 40131685

August 31, 2007

Division of Corporations PO Box 8800 Tallahassee, FL 32314

RE: P98000062359

To Whom It May Concern:

I am requesting a waiver of the additional fee for the filing of our annual report. We relocated in 2006 and did not receive the reminder for this action. Unfortunately, with the day-to-day work we did not remember to complete this task. If there are any questions, please contact me at 904-733-9343. Thanks

Kelly Edentield,

Office Manager

Florida Stone & Marble, Inc.