


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000087170	
1. Entity Name FLAGSTONE PAVERS, INC.	

Principal Place of Business 9070 OLD COBB ROAD BROOKSVILLE, FL 34601 US	Mailing Address 9070 OLD COBB ROAD BROOKSVILLE, FL 34601 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3601521	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHAPNICK, BRUCE P
ICARD, MERRILL, ET. AL.
2033 MAIN STREET #600
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOND, GEOFFREY P
STREET ADDRESS	15017 LAKE PRETTY
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	S
NAME	BOND, LORI A
STREET ADDRESS	15017 LAKE PRETTY
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	D
NAME	LUTRELL, D. SCOTT
STREET ADDRESS	15310 AMBERLY DR. SUITE 205
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	LESCROART, EMETT J
STREET ADDRESS	280 CHERRY VALLEY RD
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	D
NAME	VIREN, MICHAEL
STREET ADDRESS	9252 N 56 ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	T
NAME	STEINMANN, PIETER C
STREET ADDRESS	7855 EMPIRE CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

1100000383502
01/13/06-80003-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: PIETER C. STEINMANN 01-09-06 (352) 799 7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #