# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2007 8:00 am**
**Secretary of State**
03-22-2007 90003 018 ***150.00

DOCUMENT # P99000087170

1. Entity Name
FLAGSTONE PAVERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9070 OLD COBB ROAD<br>BROOKSVILLE, FL 34601 US | 9070 OLD COBB ROAD<br>BROOKSVILLE, FL 34601 US |

01052007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3601521 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHAPNICK, BRUCE P<br>ICARD, MERRILL, ET. AL.<br>2033 MAIN STREET, #600<br>SARASOTA, FL 34237 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>BOND, GEOFFREY P<br>15017 LAKE PRETTY<br>ODESSA, FL 33556 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>YOUNG, RUSSEL W<br>8518 BOYCE STREET<br>SPRING HILL, FL 34608 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BOND, LORI A<br>15017 LAKE PRETTY<br>ODESSA, FL 33556 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>BOND, GEOFFREY P<br>15017 LAKE PRETTY<br>ODESSA, FL 33556 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LUTRELL, D. SCOTT<br>15310 AMBERLY DR. SUITE 205<br>TAMPA, FL 33647 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LESCROART, EMETT J<br>280 CHERRY VALLEY RD<br>PRINCETON, NJ 08540 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VIREN, MICHAEL<br>9252 N 56 ST<br>TAMPA, FL 33617 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>STEINMANN, PIETER C<br>7855 EMPIRE CT.<br>NEW PORT RICHEY, FL 34654 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 STEINMANN 01-05-07 (352) 799 7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #