

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087170

Entity Name: FLAGSTONE PAVERS, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

9070 OLD COBB ROAD
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

9070 OLD COBB ROAD
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-3601521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BOND, GEOFFREY P
Address: 15017 LAKE PRETTY
City-St-Zip: ODESSA, FL 33556

Title: S (X) Delete
Name: BOND, LORI A
Address: 15017 LAKE PRETTY
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: LUTRELL, D. SCOTT
Address: 15310 AMBERLY DR. SUITE 205
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: LESCROART, EMMETT J
Address: 280 CHERRY VALLEY RD
City-St-Zip: PRINCETON, NJ 08540

Title: P () Delete
Name: YOUNG, RUSSELL W
Address: 8518 BOYCE STREET
City-St-Zip: TAMPA, FL 33608

Title: T () Delete
Name: STEINMANN, PIETER C
Address: 7855 EMPIRE CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: BOND, GEOFFREY P
Address: 15017 LAKE PRETTY
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: YOUNG, RUSSELL W
Address: 8518 BOYCE STREET
City-St-Zip: SPRING HILL, FL 33608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PIETER C. STEINMANN

T

01/22/2009

Electronic Signature of Signing Officer or Director

Date