


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90010 012 \*\*\*150.00

<b>DOCUMENT # S68172</b> 1. Entity Name <b>SUPERIOR DESIGN MONUMENT SERVICE INC.</b>					
Principal Place of Business 120 S PALM AVE PALATKA, FL 32177 US				Mailing Address 120 S PALM AVE PALATKA, FL 32177 US	
2. Principal Place of Business <i>325 N 23RD ST</i> Suite, Apt. #, etc.		3. Mailing Address <i>SUPERIOR DESIGN</i> <del>PALATKA</del> Suite, Apt. #, etc. <i>325 N 23RD ST</i>			
City & State <i>PALATKA FL</i>		City & State <i>PALATKA FL</i>		4. FEI Number <b>59-3077116</b>	
Zip <i>32177</i>		Country <i>FLORIDA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EAST, GLENN</b> <b>2950 PACETTI RD</b> <b>ST AUGUSTINE, FL 32092</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAST, GLENN 2950 PACETTI ROAD ST. AUGUSTINE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAST, JOYCE 2950 PACETTI ROAD ST. AUGUSTINE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, J. T. <i>CORSON</i> 4079 DIMSDALE ROAD JACKSONVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Glenn Carson</i> <span style="float: right;"><b>7/14/04 386-325-2579</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					