2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S68172						Secretary of State				
1. Entity Name SUPERIOR DESIGN MONUMENT SERVICE INC.						07-19-2004 90010 012 ***150.00				
	1									
Principal Plac	e of Busines:	s	Mailing Address		1	1				
120 S PALM PALATKA, FL		145				.		• • •		
i i vevilori ir	. 321//		PALATKA, FL 32177	US		i stanina o	IR MINST 1818: CIGH 1801 118	ı efeni eleli etek T	es no co	sz: n ulti
2. Principal Place of Business 3. Mailing Address 50 PTR 10						£ 2-				
325 Suite, Apt.	N 2	3RD 57		1				22: W 120:		
	Ŋ		Suite, Apt. #, etc. 325 N 2380 ST			07062004 Chg-P CR2E034 (10/03)				
City & Stat	PTTA	FL.	City & State PALATKA FL'			4. FEI Number Applied For 59-3077116 Not Applicable				
7017	7	Country PCTNAM	アクノフフ	Cour	erug m	5. Certificate	of Status Desired		3.75 Addi	
		and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent					
EAST, GL	ENN	04. Swarm								
2950 PALETTI RD PACETTI ST AUGUSTINE, FL 32092					Street Address (P.O. Box Number is Not Acceptable)					
The state of the s										
			·		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, typed	or printed name of registered agent a	d when reinstating)	, .	DATE					
		! FEE IS \$150.00 · otember 8, 2004		.00 May Be led to Fees	In accordance of corporation did					
10.	iį	OFFICERS AND	L DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND D	RECTORS	IN 11
TITLE NAME	D Delete EAST, GLENN				E AE	Change Addition				
STREET ADDRESS	2950 PAC	ETTI ROAD		STR	EET ADDRESS ·					
CITY-ST-ZIP	ST. AUGU	JSTINE, FL	☐ Oelete	-	Y-ST-ZIP				Change	☐ Addition
NAME	EAST, JO		NAME					L	Tresing:	
STREET ADORESS CITY-ST-ZIP		ETTIROAD PACE USTINE, FL	TTT	EET ADORESS Y-ST-ZIP						
TITLE	D	, , , , , , , , , , , , , , , , , , ,	☐ Delete	nn		.		Ε	Change	Addition
NAME STREET ADDRESS		, J. T. CORSON SDALE ROAD		NAN STR	Æ EET ADDRESS					
CITY-ST-ZIP		NVILLE, FL			Y-ST-ZP	۔			حصوت ي.	
TITLE NAME	1 1 1		☐ Defete	TITE.				E] Change	Addition
STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP			☐ Delete	-	Y-ST-ZIP .E			F	Change	☐ Addition
NAME			Uelete .	MAA	· • • • • • • • • • • • • • • • • • • •			Ĺ		Auguor
STREET ADDRESS CITY-ST-ZIP	9				eet address Y-ST-Zip					
TITLE	3		☐ Delete	TITL				Ε] Change	Addition
NAME STREET ADDRESS	-	•		NAA STR	AE EET ADORESS		:	٠.		
CITY-ST-ZIP					Y-ST-ZIP		•	<u> </u>		
12. I hereby indicated	certify that the	e information supplied with rt or supplemental report is	this filing does not qualify for true and accurate and that owered to execute this report	r the exe my signa	emption stated in Se sture shall have the	ection 119.07(3) same legal effe)(i), Florida Statutes. ct as if made under	f further certify oath; that I am	that the in an officer	formation or director
of the co changed	rporation or t i, or on an att	ne receiver or trustee empo achment with an address,	owered to execute this report with all other like empowered	as requ I.	ired by Chapter 60	7, Florida Statut	es; and that my nam	e appears in E	nock 10 or	Block 11 if
SIGNAT	ſURF∙ -	Mun.	- Earl	_		. 7	7/14/04 Date	386-3	25-	1679
		SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	тон		Onte	Dayt	më Phone if	