

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # F96897 1. Entity Name EMPIRE MARBLE, INC.	
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Principal Place of Business 11750 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256	Mailing Address 11750 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2275199	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, WAYNE
3594 EDS COURT
GREEN COVE SPRINGS, FL 32043**

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, WAYNE 3594 EDS COURT GREEN COVE SPRS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, ANDREW W. 11750 PHILLIPS DR JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELSH, MIKE D JR 4117 SECEDELE DR MIDDLEBURG, FL 32068
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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: Wayne Morris 2/7/07 904-268-6332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #