2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000113071

1. Entity Name
B & B MARBLE, INC.

FILED
09 APR 29 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13717 CITRUS DR E LOXAHATCHEE, FL 33470	13717 CITRUS DR E LOXAHATCHEE, FL 33470

04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1854096
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEIRNE, MARY D
13717 CITRUS DR E
LOXAHATCHEE, FL 33470

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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

TITLE	P,D
NAME	BEIRNE, MARY D
STREET ADDRESS	13717 CITRUS DR E
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	V,D
NAME	BEIRNE, WILLIAM
STREET ADDRESS	13717 CITRUS DR E
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	V,D.
STREET ADDRESS	BEIRNE, SEAN B.
CITY-ST-ZIP	13717 Citrus Dr. E.
TITLE	Loxahatchee, Fl. 33470
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	$35/4
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700153869267
04/30/09--01002--004 **150.00

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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: Mary Beirne MARY D. BEIRNE 4-25-09 561-791-2461
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #