

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90047 039 \*\*\*150.00

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<b>DOCUMENT # 458804</b> 1. Entry Name <b>FLORENTINE MARBLE CO., INC.</b>					
Principal Place of Business 2921 NW COMMERCE PK DR. BOYTON BROOK, FL 32426			Mailing Address 2921 NW COMMERCE PK DR BOYNTON BEACH, FL 33426		
2. Principal Place of Business <b>2921 NW Commerce PK Dr.</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Boynton Beach FL</b>			City & State		
Zip <b>33426</b>		Country <b>USA</b>		Zip	
Country		Country		4. FEI Number <b>59-1571796</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>NICHOLS, JOHN C.</b> <b>2921 NW COMMERCE PARK DRIVE</b> <b>BOYNTON BEACH, FL 33426</b>				7. Name and Address of New Registered Agent  Name <b>Joan M. Nichols</b> Street Address (P.O. Box Number is Not Acceptable) <b>2921 NW Commerce Park Dr.</b>  City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33426</b>	
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 <u><i>Joan M. Nichols, V. Pres.</i></u> <span style="float: right;">1-19-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing  <input type="checkbox"/> Trust Fund Contribution.         </div> <div> <b>\$5.00</b> May Be            Added to Fees         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, JOHN C. 171 YACHT CLUB WAY #106 LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D Nichols, John C. 809 N Palm Way Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICHOLS, JOAN M. 22 SABAL ISLAND DR. BOYNTON BCH., FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Nichols, Joan M 22 Sabal Island Dr. Ocean Ridge, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u><i>Joan M. Nichols</i></u> <u><i>JOAN M. NICHOLS</i></u> <span style="float: right;">1-13-05</span> <span style="float: right;">561-540-4411</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					