

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 677926

1. Entity Name
CREATIVE MARBLE, INC.



Principal Place of Business

**CREATIVE MARBLE, INC. 501-507 HYW
85A P.O. BOX 456
VALPARAISO, FL 32580**

Mailing Address

**CREATIVE MARBLE, INC. 501-507 HYW
85A P.O. BOX 456
VALPARAISO, FL 32580**



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2014939

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIEDEL, DONALD W.
275 SOUTH BAYSHORE DRIVE
VALPARAISO, FL 32580**

**DO NOT WRITE
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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIEDEL, DONALD W. 275 S. BAYSHORE DR. VALPARAISO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIEDEL, DONALD W., II 275 S. BAYSHORE DR. VALPARAISO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIEDEL, HELEN C. 275 S. BAYSHORE DR VALPARAISO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000137890
04/29/04-80062-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD W RIEDEL

4-23-04

DATE

850 678 6368

DAYTIME PHONE #