

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000002829

1. Entity Name
MISSISSIPPI MARBLE & GRANITE, INC.



Principal Place of Business
**P.O. BOX 338
CLARKSDALE, MS 38614**

Mailing Address
**P.O. BOX 338
CLARKSDALE, MS 38614**

FILED

04 AUG 25 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0829934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**PCD
NOWELL, H. BERNARD JR.
P.O. BOX 338
CLARKSDALE, MS 38614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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600040644936
08/30/04--01068--024 **550.00

**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:

Bernard Nowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/04

Date

662
624-9995

Daytime Phone #