

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002829

FILED
Jul 09, 2007
Secretary of State

Entity Name: MISSISSIPPI MARBLE & GRANITE, INC.

Current Principal Place of Business:

P.O. BOX 669
KOSCIUSKO, MS 39090

New Principal Place of Business:

211 BALL DRIVE
LOUISVILLE, MS 39339

Current Mailing Address:

P.O. BOX 669
KOSCIUSKO, MS 39090

New Mailing Address:

P.O. BOX 885
LOUISVILLE, MS 39339

FEI Number: 64-0829934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: NOWELL, H. BERNARD JR.
Address: P.O. BOX 669
City-St-Zip: KOSCISUKO, MS 39090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: NOWELL, H. BERNARD III
Address: P.O. BOX 885
City-St-Zip: LOUISVILLE, MS 39339

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD B NOWELL III

PRES

07/09/2007

Electronic Signature of Signing Officer or Director

_____ Date