


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005092

1. Entity Name
A.D. MARBLE & CO., INC.



Principal Place of Business Mailing Address

375 E ELM ST STE 200 **375 E ELM ST STE 200**
CONSHOHOCKEN, PA 19428 **CONSHOHOCKEN, PA 19428**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
23-2401041 Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 S DADELEND BLVD STE 508
MIAMI, FL 33156

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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	CEO
NAME	MARBLE, ANNE D
STREET ADDRESS	375 E ELM ST STE 200
CITY-ST-ZIP	CONSHOHOCKEN, PA 19428
TITLE	DP
NAME	MARSTON, ROSELINE H
STREET ADDRESS	375 E ELM ST STE 200
CITY-ST-ZIP	CONSHOHOCKEN, PA 19428
TITLE	DT
NAME	TROY, EDWARD F
STREET ADDRESS	375 E ELM ST STE 200
CITY-ST-ZIP	CONSHOHOCKEN, PA 19428
TITLE	DV
NAME	DODDS, PETER
STREET ADDRESS	3913 HARTZDALE BLVD STE 1302
CITY-ST-ZIP	CAMP HILL, PA
TITLE	DSV
NAME	VENDETTI, JASON
STREET ADDRESS	375 E ELM ST STE 200
CITY-ST-ZIP	CONSHOHOCKEN, PA 19428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/07-80024-014 150.00

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: Edward F Troy **EDWARD F TROY** 1-12-07 484-533-2506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #