## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M04516

Address: City-St-Zip:

**FILED** Feb 25, 2004 Secretary of State

Entity Name: MARION CERAMICS, INC. **Current Principal Place of Business: New Principal Place of Business:** HWY. 301, NORTH P.O.BOX 1134 MARION, SC 29571 **Current Mailing Address: New Mailing Address:** HWY. 301, NORTH P.O.BOX 1134 MARION, SC 29571 FEI Number: 57-0782559 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CABEZA, DANIEL 11601 OLD CUTLER RD CORAL GABLES, FL 33156 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CABEZA, DANIEL, Name: Name: HWY 301 N Address: Address: City-St-Zip: MARION, SC 29571 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LEEKE, HANK Name: HIGHWAY 301 N. Address: Address: MARION, SC 29571 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition YANNO, ROBERT J Name: Name: HWY 301 N Address: Address: City-St-Zip: MARION, SC 29571 City-St-Zip: Title: () Delete Title: () Change () Addition KASTNER, THOMAS G Name: Name: Address: HWY 301 N Address: City-St-Zip: MARION, SC 29571 City-St-Zip: Title: Title: () Delete AS ( ) Change (X) Addition Name: Name: ENGLISH, JAMES R Address: 403 WEST GODBOLD STREET

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

MARION, SC 29571

SIGNATURE: HENRY T. LEEKE S 02/25/2004