## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # M04516** 

## **FILED** Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90186 038 \*\*\*150.00

The obligations of registered agent.  SIGNATURE  Signature, speed or primed name of registered agent and she if applicable.  REFILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.11  TITLE  PD  CABEZA, DANIEL  HWY 301 N  SIREET ADDRESS CITY-ST-2IP  MARION, SC 29571  TITLE  S  CITY-ST-2IP  MARION, SC 29571  TITLE  Delete  TITLE  S  Delete  TITLE  SIREET ADDRESS CITY-ST-2IP  MARION, SC 29571  TITLE  CABBERT ADDRESS  CITY-ST-2IP  MARIO	1. Entity Name MARION	e CERAMICS,	INC.									
Suite, Apt. #, etc.  Chy State  Country  C	HWY. 301, NORTH P.O.BOX 1134			HWY. 301, NORTH P.O.BOX 1134			9					
City & State  Country  Country  Country  Country  Country  Country  S. Contilicate of Status Desired  \$ 2.75 Acatishonal  For Required  For Re	2. Principal Place of Business			3. Mailing Address								
Zip Country Zip Country State Country Country State Country See See See See See See See See See Se	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062005	Chg-P	CR2E	)34 (10/03)		
6. Name and Address of Current Registered Agent  CABEZA, DANIEL 11601 OLD CUTLER RD.  CORAL GABLES, FL 33156  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Commbusion.  9. Election Campaign Financing Added to Pees  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  IIILE  NAME SIREET ADDRESS CITY-51-2P  MARION, SC 29571  IIILE  VANNO, ROBERT J  MARION, SC 29571  IIILE  VANO	City & State			City & State						ļ	<u> </u>	
CABEZA, DANIEL 11601 OLD CUTLER RD. CORAL GABLES, FL 33156    City   FL   Zip Code	Zip	Cor	uniry	Zip Country		itry	5. Certificate	of Status Desired				
CABEZA, DANIEL 11601 OLD CUTLER RD. CORAL GABLES, FL 33156  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    Street Address (P.O. Box Number is Not Acceptable)    City		6. Name and A	Address of Current R	legistered Agent			7. Name and	Address of New R	egistered .	Agent		
Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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  Soverue, typed or printed name of registered agent and this if applicable. (NOTE Registered Agent is phase required when rematating)  After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.11  TITLE PD OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.11  TITLE CABEZA, DANIEL NAME  CITY-ST-2P  MARION, SC 29571  TITLE  Delete  Change Addition  CITY-ST-2P  MARION, SC 29571  TITLE  CHANGES  CITY-ST-2P  MARION, SC 29571  TITLE  CHANGE  CHANGES  CITY-ST-2P  MARION, SC 29571  TITLE  CHANGE  CHANGES  CITY-ST-2P  MARION, SC 29571  TITLE  CHANGES  CITY-ST-2P  MARION, SC 29571  TITLE  CHANGES					•	Name	<del></del>		<del></del>			
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, speed or private name of registered agent and size if applicable.  (MOTE Registered Agent algobase required when reindating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.11  ITILE PD CABEZA, DANIEL HWY 301 N SIREIT ADDRESS CITY-ST-ZP MARION, SC 29571  ITILE SIREET ADDRESS CITY-ST-ZP MARION, SC 29571  ITILE NAME SIREET ADDRESS CITY-ST-ZP MARION, SC 29571  ITILE NAME SIREET ADDRESS CITY-ST-ZP MARION, SC 29571  ITILE NAME SIREET ADDRESS SIREIT ADDRESS SIREIT ADDRESS SIREIT ADDRESS HHYY 301 N CITY-ST-ZP MARION, SC 29571  ITILE NAME SIREIT ADDRESS SIREIT	11601 OLD CUTLER RD.					Street Address (P.O. Box Number is Not Acceptable)						
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### Added to Fees    10.	SIGNATURE Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
TITLE									r			
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12. I hereby certify that the information supplied with this filing does not quality 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 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.	12 I hereby	Lertify that the info	rmation supplied with	this filing does not qualify true and accurate and that	or the exe	emption stated in S	Section 119.07(3) e same legal effec	i), Florida Statutes. et as if made under	I further ce oath; that I	ertity that the ir am an officer	nformation or director	