


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90034 021 \*\*\*158.75

<b>DOCUMENT # M09094</b>	
1. Entity Name <b>CLASSIC TILE &amp; MARBLE INC.</b>	

Principal Place of Business <del>600 BARNETT LANE BAY #3 LAKE WORTH FL 33461</del>	Mailing Address <del>600 BARNETT LANE BAY #3 LAKE WORTH FL 33461</del>
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2. Principal Place of Business <b>3551 23<sup>rd</sup> Ave S. Suite, Apt. #, etc. Bay #4 Lake Worth FL.</b>	3. Mailing Address <b>3551 23<sup>rd</sup> Ave S. Suite, Apt. #, etc. Bay #4 Lake Worth FL.</b>
City & State <b>Lake Worth FL.</b>	City & State <b>Lake Worth FL.</b>
Zip <b>33461</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>59-2475260</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GRACIE, BERNARD K. 3941 VICTORIA DR WEST PALM BEACH FL 33406</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE **4/6/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRACIE, BERNARD K. 3941 VICTORIA DRIVE WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8150 D. Bridgewater Ct. Lake Clarke Shores, FL. 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRACIE, ANN 3941 VICTORIA DRIVE WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8150 D. Bridgewater Ct. Lake Clarke Shores, FL. 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRACIE, BERNARD M 1505 18TH AVENUE, N LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PAUL R. GRACIE 3941 VICTORIA DRIVE WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 K Gracie **Bernard K Gracie**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date **4/6/04** Daytime Phone # **561-588-7788**