

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90280 028 ***150.00

DOCUMENT # M09094

1. Entity Name

CLASSIC TILE & MARBLE INC.



Principal Place of Business

3551 23RD AVE. SOUTH, BAY #4
LAKE WORTH FL 33461

Mailing Address

3551 23RD AVE. SOUTH, BAY #4
BAY #3
LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2475260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRACIE, BERNARD K.

~~3941 VICTORIA DR
WEST PALM BEACH FL 33406~~

Change Address
→

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1843 17th Ct. N.

City Lake Worth

FL

Zip Code

33460

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

Demetrius V. Gracie Bernard K. Gracie P.

4/12/05

Signature, typed, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRACIE, BERNARD K.	
STREET ADDRESS	8150 D. BRIDGEWATER CT.	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRACIE, ANN	
STREET ADDRESS	8150 D. BRIDGEWATER CT.	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRACIE, BERNARD M	
STREET ADDRESS	1505 18TH AVENUE, N	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	PAUL R. GRACIE	
STREET ADDRESS	3941 VICTORIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard K. Gracie	
STREET ADDRESS	1843 17th Ct. N.	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Gracie	
STREET ADDRESS	1843 17th Ct. N.	
CITY-ST-ZIP	Lake Worth FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul R Gracie	
STREET ADDRESS	8150 D. Bridgewater Ct.	
CITY-ST-ZIP	Lake Clarke Shores, FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerrard F. Gracie	
STREET ADDRESS	3119 Millwood Terrace # 239	
CITY-ST-ZIP	Boca Raton, FL 33431	

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:

Ann Gracie Ann Gracie Str.

Date

Daytime Phone #

4/12/05 54-588-7788