

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90001 006 ***150.00

DOCUMENT # P00000015319

1. Entity Name

IMPERIAL CUSTOM MARBLE & GRANITE, INC.



Principal Place of Business

4401 E. BROADWAY AVE.
BLDG A
TAMPA FL 33605

Mailing Address

4401 E. BROADWAY AVE.
BLDG A
TAMPA FL 33605

2. Principal Place of Business

4401 E. Broadway Ave

Suite, Apt. #, etc.

3. Mailing Address

4401 E. Broadway Ave

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3626329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, MARIA C
4401 E. BROADWAY AVE.
BLDG A
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

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

4401 E. Broadway Ave

City

Tampa

FL

Zip Code

33605

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

Maria C. Gomez

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

(NOTE: Registered Agent signature required when reinstating)

1/21/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PSTD	<input type="checkbox"/> Delete
NAME	GOMEZ, MIRIA C	
STREET ADDRESS	4401 E. BROADWAY AVE.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gomez, Maria C.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Maria C. Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04

Date

813-248-3136

Daytime Phone #