

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90067 022 \*\*\*150.00

<b>DOCUMENT # P01000007734</b>					
<b>1. Entity Name</b> <b>ELEGANT GRANITE &amp; MARBLE, INC.</b>					
<b>Principal Place of Business</b> <del>10263 GANDY BLVD N APT 2410</del> <del>ST PETERSBURG, FL 33702</del> 23			<b>Mailing Address</b> <del>10263 GANDY BLVD N APT 2410</del> <del>ST PETERSBURG, FL 33702</del>		
<b>2. Principal Place of Business - No P.O. Box #</b> 615 Riviera Dunes Way Palmetto, FL 34221 #106		<b>3. Mailing Address</b> 615 Riviera Dunes Way Palmetto, FL 34221 #106			
<b>Zip</b> 		<b>Country</b> 		<b>4. FEI Number</b> 59-3692328	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> KELLIKIDIS, JOANNE <del>10263 GANDY BLVD N APT 2410</del> <del>ST PETERSBURG, FL 33702</del> 615 Riviera Dunes Way Palmetto, FL 34221			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P KELLIKIDIS, JOANNE <del>10263 GANDY BLVD N APT 2410</del> <del>ST PETERSBURG, FL 33702</del>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	615 Riviera Dunes Way Palmetto, FL 34221 #106	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>J. Kellikidis</u>			3-18-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day/Mo/Yr</small>		

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03192008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**SIGNATURE:**

J. Kellikidis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-08  
Date

Day/Mo/Yr