


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000020190 1. Entity Name MARBLE MASTERS, INC.	
---	---

Principal Place of Business
**3605 54TH DR. WEST, L101
BRADENTON, FL 34210**

Mailing Address
**3605 54TH DR. WEST, L101
BRADENTON, FL 34210**

U000000564014
05/20/06-80035-014 150.00



DO NOT WRITE IN THIS SPACE

05052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1118548	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**BARTNIK, ZOFIA
3605 54TH DR. WEST, L101
BRADENTON, FL 34210**

**DO NOT WRITE
IN THIS SPACE**

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, 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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTNIK, ZOFIA 3605 54TH DR. WEST, L101 BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARTNIK, CHRIS 3605 54TH DR. W 101 BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE *Zofia Bartnik* **ZOFIA BARTNIK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-08-06
Date

(941) 752-6500
Daytime Phone #