

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-28-2004 90173 026 ***150.00

DOCUMENT # P01000035015

1. Entity Name
PLAN-IT GRANITE AND MARBLE, INC.



Principal Place of Business
**1883 NW 29 STREET
OAKLAND PARK, FL 33311**

Mailing Address
**1883 NW 29 STREET
OAKLAND PARK, FL 33311**

94069180



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0560776

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKOULARICOS, CHARM
1883 NW 29 STREET
OAKLAND PARK, FL 33311**

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

Charm Skoularicos

(NOTE: Registered Agent signature required when reinstating)

4/22/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHARM, SKOULARICOS
1883 NW 29 STREET
OAKLAND PARK, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3
Cathy A. Ribbs
1883 NW 29th Street
Oakland Park, FL 33311**

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 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:

Charm Skoularicos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charm Skoularicos

4/22/04
Date

954-714-6650
Daytime Phone #