

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000058570**

1. Entity Name  
**OLYMPIC STONE & MARBLE SUPPLY, INC.**



Principal Place of Business

**3811 PEMBROKE RD.  
HOLLYWOOD, FL 33021**

Mailing Address

**3811 PEMBROKE RD.  
HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1110137**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOND, DAVID  
3811 PEMBROKE RD.  
HOLLYWOOD, FL 33021**

**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 re-registering)

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	DP
NAME	BOND, DAVID
STREET ADDRESS	3811 PEMBROKE ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	BOND, ART
STREET ADDRESS	3811 PEMBROKE RD.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	BOND, JAMES
STREET ADDRESS	3811 PEMBROKE RD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	BLAIR, JAMES
STREET ADDRESS	3811 PEMBROKE RD.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S
NAME	BOND, MICHELE
STREET ADDRESS	3811 PEMBROKE RD.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	TD
NAME	JUSKIEWICZ, MICHAEL
STREET ADDRESS	3811 PEMBROKE ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021

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03/02/04-80011-004 150.00

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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:

*Michael Juskievicz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/26/04 954-792-0076