

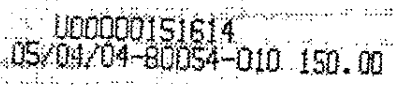



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | |
|---|-------------------------------|--|
| DOCUMENT # P01000094262 | |  |
| 1. Entity Name CUSTOM MARBLE & TILE, INC. | | |
| Principal Place of Business 16460 131ST WAY, NORTH JUPITER, FL 33478 | | Mailing Address 16460 131ST WAY, NORTH JUPITER, FL 33478 |
| DO NOT WRITE IN THIS SPACE | | |
| | |  01292004 No Chg-P CR2E034 (10/03) |
| 4. FEI Number 42-1530230 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | |  DO NOT WRITE IN THIS SPACE |
| TITLE | D | |
| NAME | TRAYNOR, STEPHEN G | |
| STREET ADDRESS | 16460 131ST WAY, NORTH | |
| CITY-ST-ZIP | JUPITER, FL 33478 | |
| TITLE | D | |
| NAME | TRAYNOR, DIANE E | |
| STREET ADDRESS | 16460 131ST WAY, NORTH | |
| CITY-ST-ZIP | JUPITER, FL 33478 | |
| TITLE | | DO NOT WRITE IN THIS SPACE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4/28/04 Daytime Phone # 561-575-5887 |