



# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000092982</b> 1. Entity Name <b>MARBLE MECHANICS INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>05 NOV 15 AM 9:58</b>	
Principal Place of Business <b>5516 29TH STREET WEST</b> <b>BRADENTON, FL 34207</b> <i>7809 San Juan Ave</i> <i>Bradenton, FL 34209 ← same</i>				Mailing Address <b>5516 29TH STREET WEST</b> <b>BRADENTON, FL 34207</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>13-4226976</b>		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>SECHLER, DEANA</b> <b>5516 29TH STREET WEST</b> <b>BRADENTON, FL 34207</b> <i>7809 San Juan Ave</i> <i>Bradenton, FL 34209</i>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code			
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) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME SECHLER, THOMAS E STREET ADDRESS <b>5516 29TH STREET WEST</b> <i>7809 San Juan</i> CITY-ST-ZIP <b>BRADENTON, FL 34209</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>600061449966</b> CITY-ST-ZIP <b>11/15/05--01075--018 **70.00</b>			
TITLE TSD <input type="checkbox"/> Delete NAME SECHLER, DEANA STREET ADDRESS <b>5516 29TH STREET WEST</b> <i>7809 San Juan</i> CITY-ST-ZIP <b>BRADENTON, FL 34209</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VP <input type="checkbox"/> Delete NAME <b>TROY SAULS</b> (Add) STREET ADDRESS <b>2301 8th Ave West</b> CITY-ST-ZIP <b>Bradenton, FL 34205</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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.							
<b>SIGNATURE: DEANA R SECHLER</b> <i>Deana R Sechler</i>				<b>11-8-05</b> <i>2325169</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			