

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 16, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P03000006807**

1. Entity Name  
**GRAND MARBLE GRANITE & TILE, INC.**



Principal Place of Business  
**4431 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**4431 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652**



07122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1573117</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

**SOLOMON, GERALD  
7215 ARBOR VIEW LANE  
NEW PORT RICHEY, FL 34653**

**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 retesting)

DATE

**000000769129  
07/16/07-80015-007 150.00**

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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	PDST
NAME	SOLOMON, GERALD
STREET ADDRESS	7215 ARBOR VIEW LANE
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gerald Solomon* **July 12 07**