

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90001 031 ***550.00

DOCUMENT # P03000136106

1. Entity Name
MARBLE TEC, INC.



Principal Place of Business
**175 PASSAGE DRIVE
ORANGE PARK, FL 32003**

Mailing Address
**175 PASSAGE DRIVE
ORANGE PARK, FL 32003**

54072920

2. Principal Place of Business

3. Mailing Address

1540 MAPLE LEAF LN



Suite, Apt. #, etc.

Suite, Apt. #, etc.

06072004

Chg-P

CR2E034 (10/03)

City & State

O.P.

City & State

O.P.

4. FEI Number

20-0408307

Applied For

Not Applicable

Zip **32003**

Country

CLAY

Zip **32003**

Country

CLAY

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARMENTER, RODNEY
175 PASSAGE DRIVE
ORANGE PARK, FL 32003**

7. Name and Address of New Registered Agent

Name **RODNEY B. PARMENTER**

Street Address (P.O. Box Number is Not Acceptable)

1540 MAPLE LEAF LN

City **O.P.**

FL

32003

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

Rodney B. Parmenter

6-23-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **PARMENTER, RODNEY**
STREET ADDRESS **175 PASSAGE DRIVE**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☐ Delete
NAME **1540 MAPLE LEAF LN**
STREET ADDRESS **O.P. FLA 32003**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

Rodney B. Parmenter

6-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #