2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2006 08:00 AM DOCUMENT # P03000141104 **Secretary of State** CURRY'S MARBLE & TILE, INC. Mailing Address Principal Place of Business **3658 HAMPTON GLENN PLACE** 3658 HAMPTON GLENN PLACE JACKSONVILLE, FL 32257 Jacksonville, FL 32257 CR2E034 (11/05) 01192006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0425397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUFFMAN, WILLIAM M DO NOT WRITE 2640 CESERY BLVD STE 13 JACKSONVILLE, FL 32211 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 lamitiar with, and accept the obligations of registered agent. SIGNATURE. CATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Pecistered Agent signature required when reinstating) UU00000411454 \$5.00 May 6e Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 02/10/06-80008-013 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CURRY, MICHAEL C NAME STREET ACCRESS 3658 HAMPTON GLENN PLACE JACKSONVILLE, FL 32257 CITY-SY-ZIP 7(7) 5 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-79 IN THIS SPACE 7171.1 NAME STREET ADDRESS CTTY-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 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 call; that I am an officer or director of the corporation on the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-TP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

1-28-06

904 349-4567

FILED