

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90002 036 ***158.75

DOCUMENT # P03000151544

1. Entity Name

KRIGER DESIGNS IN MARBLE INC.



Principal Place of Business

13340 MALLARD COVE BLVD.
ORLANDO FL 32837

Mailing Address

13340 MALLARD COVE BLVD.
ORLANDO FL 32837

54069985



MOORE

CR2E034 (4/04)

2. Principal Place of Business

1809 S. KIRKMAN RD.

Suite, Apt. #, etc.

#1627

3. Mailing Address

1809 S. KIRKMAN RD.

Suite, Apt. #, etc.

1627

City & State

ORLANDO, FLA.

City & State

ORLANDO, FLA.

4. FEI Number

870715540

Applied For

Not Applicable

Zip

32811

Country

UNITED STATES

Zip

32811

Country

UNITED STATES

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRIEGER, MARK
13340 MALLARD COVE BLVD
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

KRIEGER, MARK

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

1809 S. KIRKMAN RD. #1627

City

ORLANDO

FL

Zip Code

32811

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

Mark Kriger

MARK KRIGER, OWNER

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

(NOTE: Registered Agent signature required when reinstating)

8-23-04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KRIEGER, MARK
STREET ADDRESS 13340 MALLARD COVE BLVD.
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER ☒ Change ☐ Addition
NAME KRIEGER, MARK
STREET ADDRESS 1809 S. KIRKMAN RD. #1627
CITY-ST-ZIP ORLANDO, FL 32811

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

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

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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)(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:

Mark Kriger

MARK KRIGER, OWNER

8-23-04

321-624-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #