


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000020135**

1. Entity Name  
**JLC MARBLE & GRANITE COMPANY INC.**



**FILED**

**08 SEP 12 PM 4:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**543 COMMERCIAL BLVD  
NAPLES, FL 34104 US**

Mailing Address  
**543 COMMERCIAL BLVD  
NAPLES, FL 34104 US**

*[Handwritten signature]*



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

09092008 Chg-P CR2E034 (12/06)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**20-0710063**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MEDINA, JORGE FELIX  
3164 CALUSA AVE.  
NAPLES, FL 34112**

7. Name and Address of New Registered Agent  
Name **Jorge Felix Medina**  
Street Address (P.O. Box Number is Not Acceptable) **543 Commercial Blvd**  
City **Naples** FL Zip Code **34104**

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]* DATE **7/9/2008**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MEDINA, ENEXIS B 3164 CALUSA AVE NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500135960805</b> <b>09/16/08--01012--018 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEDINA, JORGE FELIX 543 COMMERCIAL BLVD. NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **9/9/2008** **239-263-9909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #