

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90034 038 \*\*\*150.00

DOCUMENT # P95000064182

1. Entity Name

FLORIDA MARBLE DESIGN, INC.



Principal Place of Business

1635 PATTERSON AVE  
DELAND FL 32724  
US

Mailing Address

1320 W TAYLOR RD  
DELAND FL 32720



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2490 St Johns River Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

Astor

FL

4. FEI Number

59-3333505

Applied For

Not Applicable

Zip

Country

Zip

Country

32102

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECKERT, DEBORAH A  
1320 W TAYLOR RD  
DELAND FL 32720

Name

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

2490 St Johns River Rd

City

Astor

FL

Zip Code

32102

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 submitting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	DECKERT, DEBORAH A 1320 W TAYLOR RD DELAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	DECKERT, MICHEL S 1320 W TAYLOR RD DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	2490 St Johns River Rd Astor, FL 32102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	2490 St Johns River Rd Astor, FL 32102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

*Deborah A Deckert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-08 (386) 749-0222

Date

Daytime Phone