

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90096 009 ***150.00

DOCUMENT # P96000077773

1. Entity Name
CUSTOM ~~CULTURED~~ MARBLE, INC.
Cultured



Principal Place of Business
5700 TAYLOR AVE.
BLDG. #B
NAPLES, FL 34109

Mailing Address
18522 ZINNIA RD
FT MYERS, FL 33912

2. Principal Place of Business - No P.O. Box #
18472 Sunflower Rd

3. Mailing Address
18472 Sunflower Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112008 Chg-P CR2E034 (12/06)

City & State
Fl. Myers, FL

City & State
Fl. Myers FL

4. FEI Number
65-0695857

Applied For
Not Applicable

Zip
33967 Country
U.S.

Zip
33967 Country
U.S.

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

C. Name and Address of Current Registered Agent

MEDINA, NELSON
18522 ZINNIA RD
FT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name *Nelson Medina*

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

18472 Sunflower Rd

City *Fl. Myers*

FL

Zip Code
33967

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution... ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEDINA, NELSON
18522 ZINNIA RD
FT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
18472 Sunflower Rd
Fl. Myers, FL 33967

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #