

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90104 043 ***150.00

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|---|--|--|---|---|--|--------------------------------|--|--|--|------------------------|-----------|--|--------------------------|
| DOCUMENT # P97000014091 | | | | | | | | | | | | | |
| 1. Entity Name THE MARBLE MAN, INC. | | | | | | | | | | | | | |
| Principal Place of Business 9370 VANDIVERE DR 2037 PRESIDIO ST. NAVARRE, FL 32566 | | | Mailing Address 9370 VANDIVERE DR 2037 PRESIDIO ST. NAVARRE, FL 32566 | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 2037 Presidio St. | | | 3. Mailing Address 2037 Presidio St. | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | | | | |
| City & State Navarre, FL | | | City & State Navarre, FL | | | | | | | | | | |
| Zip 32566 | | Country | | Zip 32566 | | | | | | | | | |
| Country | | 4. FEI Number 63-1135653 | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | | | | | | | |
| 6. Name and Address of Current Registered Agent BERTA, DAVID J 9370 VANDIVERE DR NAVARRE, FL 32566 | | | 7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Name Berta, David J.</td> <td style="width:50%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) 2037 Presidio St.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">City Navarre</td> <td style="padding: 5px;">FL</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Zip Code 32566</td> </tr> </table> | | | Name Berta, David J. | | Street Address (P.O. Box Number is Not Acceptable) 2037 Presidio St. | | City Navarre | FL | | Zip Code 32566 |
| Name Berta, David J. | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2037 Presidio St. | | | | | | | | | | | | | |
| City Navarre | FL | | | | | | | | | | | | |
| | Zip Code 32566 | | | | | | | | | | | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>David J Berta</i> <small>Signature, typed or printed name of registered agent and fee if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE 04/21/08 </div> </div> | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | |
| TITLE | P BERTA, DAVID J 9370 VANDIVERE DRIVE NAVARRE, FL 35266 | <input type="checkbox"/> Delete | TITLE | P/C Berta, David J. 2037 Presidio St. Navarre, FL 32566 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | | | | |
| TITLE | VP KILLEBREW, HILDA 9370 VANDIVERE DRIVE NAVARRE, FL 35266 | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| NAME | | | NAME | | | | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | 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 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 <i>David J Berta</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 04/21/08 850-206-8854 | | | | | | | | | | |