

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075504

FILED
Mar 29, 2007
Secretary of State

Entity Name: FLORIDA CUSTOM MARBLE, INC.

Current Principal Place of Business:

4566 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

5221 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207

Current Mailing Address:

4566 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207

New Mailing Address:

PO BOX 10605
JACKSONVILLE, FL 32247

FEI Number: 59-3465986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOST, HARLAN
4566 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

BOST, HARLAN
5221 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207 US

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.

SIGNATURE:

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: BOST, HARLAN
Address: 4566 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BOST, HARLAN
Address: 5221 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVST () Change (X) Addition
Name: BOST, PATRICIA Q
Address: 5221 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VCFO () Change (X) Addition
Name: LOCHNER, JOHN M CPA
Address: 5221 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Change (X) Addition
Name: BARNHART, GUY
Address: 5221 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. LOCHNER

VCFO

03/29/2007

Electronic Signature of Signing Officer or Director

Date