

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P97000079072

1. Entity Name  
INTERIORS CULTURED MARBLE, INC.



Principal Place of Business  
1734 TRADE CENTER WAY  
NAPLES, FL 34109 US

Mailing Address  
1734 TRADE CENTER WAY  
NAPLES, FL 34109 US



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3466011

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DENNIS, DUANE S  
10500 BINKY LANE  
BONITA SPRINGS, FL 34135

**DO NOT WRITE  
IN THIS SPACE**

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 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 S  
NAME DENNIS, KIMBERLY  
STREET ADDRESS 10500 BINKY LANE  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE VPT  
NAME SHOWENS, DONALD  
STREET ADDRESS 27731 HAROLD ST  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE P  
NAME DENNIS, DUANE S  
STREET ADDRESS 10500 BINKY LANE  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

000000846704  
03/18/08-80039-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08

Date

(239)598-3004

Daytime Phone #