

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000032527

1. Entity Name
CLASSIC MARBLE & TILE CORPORATION



Principal Place of Business
**767 ANDREW ST SE
PALM BAY, FL 32909**

Mailing Address
**767 ANDREW ST SE
PALM BAY, FL 32909**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3509821

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KATALINIC, ANTE
767 ANDREW ST SE
PALM BAY, FL 32909**

**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 ANTE KATALINIC DATE 3/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000660891
03/20/07-80016-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KATALINIC, KATHY P
STREET ADDRESS	767 ANDREW ST SE
CITY - ST - ZIP	PALM BAY, FL 32909
TITLE	P
NAME	KATALINIC, ANTE
STREET ADDRESS	767 ANDREW ST SE
CITY - ST - ZIP	PALM BAY, FL 32909
TITLE	S
NAME	CORCORAN, JAMES T
STREET ADDRESS	735 KOUTNICK STREET SE
CITY - ST - ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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] DATE 3/6/07 DAYTIME PHONE # 321-984-0721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR