

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000050080  
 1. Entity Name  
 PHOENIX MARBLE, INC.



**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
 500 N. HOAGLAND BLVD.      500 N. HOAGLAND BLVD.  
 KISSIMMEE, FL 34741      KISSIMMEE, FL 34741



07032008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0846096	Applied For Not Applicable
-----------------------------	-------------------------------

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

8. Name and Address of Current Registered Agent  
 PRATT, BRUCE  
 500 N HOAGLAND BLVD  
 KISSIMMEE, FL 34741

**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]*      DATE: July 3/08

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  
 Due by September 12, 2008**

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PRATT, BRUCE L 500 N. HOAGLAND BLVD. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PRATT, JOANNE 500 N HOAGLAND BLVD KISSIMMEE, FL 32741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000954500  
 07/14/08-80002-023 150.00

**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]*      Date: July 3/08      Day/Time Phone #: 407 846 6118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #

J. PRATT