

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90339 010 \*\*\*150.00

**DOCUMENT # P98000055569**

1. Entity Name  
**MARBLE INNOVATIONS, INC.**



Principal Place of Business  
**1709 HAVEN VIEW LANE  
LUTZ, FL 33558**

Mailing Address  
**1709 HAVEN VIEW LANE  
LUTZ, FL 33558**

**14000958**



2. Principal Place of Business  
**17909 Haven View Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**17909 Haven View Lane**  
Suite, Apt. #, etc.

04032004 Chg-P CR2E034 (10/03)

City & State  
**Lutz, FL**  
Zip  
**33558**  
Country  
**USA**

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**Lutz, FL**  
Zip  
**33558**  
Country  
**USA**

4. FEI Number  
**59-3519389**  
Applied For  
☐ Not Applicable

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

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

**SMITH, S MICHAEL  
10222 OASIS PALM DRIVE  
TAMPA, FL 33615**

**7. Name and Address of New Registered Agent**

Name  
**S. Michael Smith**  
Street Address (P.O. Box Number is Not Acceptable)  
**17909 Haven View Lane**  
City  
**Lutz** FL Zip Code  
**33558**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4-2-04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**STD** ☐ Delete  
NAME  
**SMITH, S MICHAEL**  
STREET ADDRESS  
**17909 HAVEN VIEW LANE**  
CITY-ST-ZIP  
**LUTZ, FL 33558**

TITLE  
**PD** ☐ Delete  
NAME  
**MARON, SEAN**  
STREET ADDRESS  
**5902 NORTH CHEROKEE AVE.**  
CITY-ST-ZIP  
**TAMPA, FL 33604**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
**Sean C. Maron**  
STREET ADDRESS  
**15902 Trackside Drive**  
CITY-ST-ZIP  
**Odessa, FL 33556**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**4-2-04**

Date

**813-963-3129**

Daytime Phone #