FILED 2005 FOR PROFIT CORPORATION ANNUAL REPORT May 04, 2005 8:00 am Secretary of State **DOCUMENT # P98000093257** 05-04-2005 90141 016 ***150.00 CLASSIC DESIGN MARBLE & GRANITE CO., INC. Principal Place of Business Mailing Address P.O. Box 1499 Gulf Breeze, FL 4621 GULF BREEZE PKWY. GULF BREEZE, FL 32563 No Cha-P CR2E034 (10/03) 04262005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3544423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUYETTE, ROGER W JR DO NOT WRITE 9927 HILLVIEW RD. PENSACOLA, FL 32514 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOLLOWAY BRETT A NAME 4155 E. VIEW PLACE STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32563 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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.

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE THE CHANGE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DESCRIPTION PROME P