FILED
May 01, 2008 8:00 am
Secretary of State
04-07-2008 90034 042 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000000390

1. Entity Name
SHOWCASE CULTURED MARBLE, INC.

66009340

Principal Place of Business	Mailing Address
1215 SE 9TH TERRACE CAPE CORAL FL 33990	1215 SE 9TH TERRACE CAPE CORAL FL 33990

03212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address
Suite, Apt #, etc. | Suite, Apt #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number: 65-0888817 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MATLAND, RUDOLPH K
12995 CLEVELAND AVE., S-107
FT. MYERS, FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ____________________ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD FREY, BRYAN ~~1419 NE 16TH STREET~~ ~~CAPE CORAL, FL 33909~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1215 SE 9th Terrace Cape Coral, FL 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ____________________ 4-25-8 Owner / Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone