

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90016 035 \*\*\*150.00

**DOCUMENT # P99000040055**

1. Entity Name  
**SHIPLEY MARBLE AND TILE INC.**



Principal Place of Business Mailing Address  
525 RIVERIA DRIVE 525 RIVERIA DRIVE  
ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32701 US

**54007566**



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

01092004 Chg-P CR2E034 (10/03)

City & State City & State  
Zip Country Zip Country

4. FEI Number 59-3585275 Applied For Not Applicable

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

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

SHIPLEY, RANDOLPH  
525 RIVERIA  
ALTAMONTE SPRINGS, FL 32701

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 PV  
NAME SHIPLEY, RANDOLPH  
STREET ADDRESS 525 RIVIERA DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 ☐ Delete

TITLE ST  
NAME SHIPLEY, DIANE  
STREET ADDRESS 525 RIVIERA DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

TITLE Vice-President  
NAME Michael E. Pooler  
STREET ADDRESS 1421 Baltimore Ave.  
CITY-ST-ZIP Orlando, FL 32803 ☐ Change ☒ Addition

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

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

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

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

02/13/04 407-448-5005  
Date Daytime Phone #