


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90004 001 *****8.75
 06-26-2006 90004 002 ***150.00

DOCUMENT # L91103 1. Entity Name MAGOULIS TILE, INC.	
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Principal Place of Business 7210 RED OAK LOOP NEW PORT RICHEY, FL 34654	Mailing Address 7210 RED OAK LOOP NEW PORT RICHEY, FL 34654
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3029036	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

06162006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent -
FRY, J. MARSHALL
36370 US HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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
Due by September 6, 2006

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	D	<input type="checkbox"/> Delete
NAME	MAGOULIS, RICHARD	
STREET ADDRESS	7210 RED OAK LOOP	
CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGULIS, RICHARD	
STREET ADDRESS	5031 PORPOISE PL	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *R*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-06
 Date Daytime Phone #

ATTACHMENT

66020567
~~# L91103~~

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we did not receive
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