

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123442

FILED
Apr 02, 2005
Secretary of State

Entity Name: MICHAEL'S CERAMIC TILE INSTALLATION, INC.

Current Principal Place of Business:

21936 N.W. WONDERIN RD.
FOUNTAIN, FL 32438

New Principal Place of Business:

Current Mailing Address:

21936 N.W. WONDERIN RD.
FOUNTAIN, FL 32438

New Mailing Address:

FEI Number: 56-2417369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASEN, DENNIS M
21936 NW WONDERIN RD
FOUNTAIN, FL 32438 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHASON, DENNIS M
Address: 21936 N.W. WONDERIN RD.
City-St-Zip: FOUNTAIN, FL 32438

Title: V () Delete
Name: CHASON, CLINTON M
Address: 17606 CENTER ST.
City-St-Zip: FOUNTAIN, FL 32438

Title: V () Delete
Name: CHASON, CLAYTON M
Address: 17606 CENTER ST
City-St-Zip: FOUNTAIN, FL 32438

Title: ST () Delete
Name: CHASON, VIRGINIA A
Address: 21436 NW WONDERIN RD
City-St-Zip: FOUNTAIN, FL 32438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA CHASON

ST

04/02/2005

Electronic Signature of Signing Officer or Director

Date