

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # J93402

1. Entity Name

STEVE'S CERAMIC TILE, INC.



Principal Place of Business

1520 S.E. PINWHEEL DRIVE  
CRYSTAL RIVER FL 34429

Mailing Address

9864 W HAWTHORNE STREET  
CRYSTAL RIVER FL 34428



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 65-0003780

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSAGEE, STEVEN K JR  
9864 W HAWTHORNE STREE  
CRYSTAL RIVER FL 34428

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 D ☐ Delete  
NAME MASSAGEE, STEVEN  
STREET ADDRESS 1520 S.E. PINWHEEL DRIVE  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

☐ Change ☐ Addition  
NAME U00000680082  
STREET ADDRESS 04/03/07-80063-025 158.75  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MASSAGEE, BONNIE  
STREET ADDRESS 1520 S.E. PINWHEEL DRIVE  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

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

TITLE O ☐ Delete  
NAME MASSAGEE, STEVE K JR.  
STREET ADDRESS 9864 W HAWTHORNE STREET  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

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

TITLE S ☐ Delete  
NAME MASSAGEE, KRYSTAL K  
STREET ADDRESS 9864 W HAWTHORNE STREET  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 Section 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: X. Massagee KRYSTAL MASSAGEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07 (352)795-7241

Date

Daytime Phone #