

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # K17887 1. Entity Name BLACK MAGIC TILE, INC.		
Principal Place of Business 2501 10TH ST SARASOTA, FL 34237	Mailing Address 2501 10TH ST SARASOTA, FL 34237	
DO NOT WRITE IN THIS SPACE		
 02032007 No Chg-P CR2E034 (11/05)		
4. Fil Number 65-0033351		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLACK, MARCIA LINDSAY 2501 10TH ST SARASOTA, FL 34237		DO NOT WRITE IN THIS SPACE
9. 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 re-registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐
\$5.00 May Be Added to Fees		000000655758 03/13/07-80118-021 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BLACK, ROBERT MARK 2501 10TH ST SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BLACK, MARCIA 2501 10TH ST SARASOTA, FL	
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TITLE NAME STREET ADDRESS CITY-STATE-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: <u>M. G. Black</u> M.L. BLACK-V.P.		