


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000022108
1. Entity Name
MICHAEL KELLEY CERAMIC TILE, INC.



Principal Place of Business
13734 WINGFIELD PL
JACKSONVILLE, FL 32224

Mailing Address
13734 WINGFIELD PL
JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3627818

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILCOX, RALEIGH M CPA
13500 SUTTON PARK DRIVE S #703
JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000915312
05/09/08-80010-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KELLEY, MICHAEL J
STREET ADDRESS	13734 WINGFIELD PL
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	DS
NAME	KELLEY, CYNTHIA L
STREET ADDRESS	13734 WINGFIELD PL
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	DVP
NAME	KELLEY, KEVIN W
STREET ADDRESS	1786 HIGHLAND VIEW DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Cynthia L. Kelley* Cynthia L. Kelley 4/21/08 904-223-9556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #