2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000022222

1. Entity Name

JEFFREY A MALTBIE TILE & MARBLE, INC.



FILED Apr 19, 2004 08:00 AM Secretary of State

Principal Place of Business 250 SE IBIS COURT PORT ST LUCIE, FL 34952 Mailing Address 250 SE IBIS COURT

PORT ST LUCIE, FL 34952



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02122004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

65-1079676 | Not Applicat

5. Certificate of Status Desired | \$8.75 Additional

6. Name and Address of Current Registered Agent

MALTBIE, JEFFERY A 2500 IBIS ST. PORT SAINT LUCIE, FL 34952

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 The above named er the obligations of reg 		ourpose of changing its registered office or	registered agent, or both, in the S	State of Florida. I am familiar with	, and accept
SIGNATURE	ped or printed name of registered agent and title	f applicable (NOTE Registered Agent signature)	re required when reinstaling)	DATE	<u> </u>
	II! FEE IS \$150-00 004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	<u> </u>	
10.	OFFICERS AND DIREC	CTORS			

TITLE MALTBIE, JEFFERY A NAME STREET ADDRESS 2500 IBIS ST. CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000119053 04/19/04-80084-018 150.0D

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, it 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 eath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPIND OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

342-2845

Daýtíme Phone #