


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90193 044 \*\*\*158.75

<b>DOCUMENT # P01000114920</b> 1. Entity Name JAG TILE, INC.	
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Principal Place of Business 4412 PLUMBAGO CT. SPRING HILL, FL 34607	Mailing Address 4412 PLUMBAGO CT. SPRING HILL, FL 34607
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01022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3758649	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GARAFALO, JOSEPH J 4412 PLUMBAGO CT. SPRING HILL, FL 34607
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**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 JOSEPH J. GARAFALO  1-10-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAROFALO, JOSEPH J 4412 PLUMBAGO CT SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. GAROFALO, ALEXANDRA 4412 PLUMBAGO CT SPRING HILL FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GAROFALO, JOSEPH 11296 SEUGFIELD AVE SPRING HILL FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  1-10-04 352-592-2848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #