

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90094 047 ***150.00

DOCUMENT # P01000114920
1. Entity Name
JAG TILE AND CONCRETE FINISHES, INC.



Principal Place of Business
**4412 PLUMBAGO CT.
SPRING HILL, FL 34607**

Mailing Address
**4412 PLUMBAGO CT.
SPRING HILL, FL 34607**

2. Principal Place of Business
435 Archway Dr.
Suite, Apt. #, etc.

3. Mailing Address
435 Archway Dr
Suite, Apt. #, etc.

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

Zip
34608

Country
USA

Zip
34608

Country
USA

6. Name and Address of Current Registered Agent

**GARAFALO, JOSEPH J
4412 PLUMBAGO CT.
SPRING HILL, FL 34607**



01102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3758649

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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.

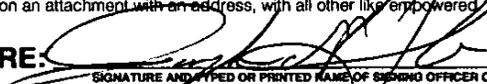
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 P	<input type="checkbox"/> Delete GAROFALO, JOSEPH J 4412 PLUMBAGO CT SPRING HILL, FL 34607	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input checked="" type="checkbox"/> Delete 224P GAROFALO, ALEXANDRA 4412 PLUMBAGO CT SPRING HILL, FL 34607	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input checked="" type="checkbox"/> Delete 224P GAROFALO, JOSEPH 11298 SEDGEFIELD AVE SPRING HILL, FL 34608	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  **2/21/05 352-457-4099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #