


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
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2. Principal Place of Business 435 Archway Dr. Suite, Apt. #, etc.	3. Mailing Address 435 Archway Dr. Suite, Apt. #, etc.
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City & State SPRING HILL, FL	City & State SPRING HILL, FL
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Zip 34608	Country USA	Zip 34608	Country USA
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6. Name and Address of Current Registered Agent GARAFALO, JOSEPH J 4412 PLUMBAGO CT. SPRING HILL, FL 34607	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAROFALO, JOSEPH J 4412 PLUMBAGO CT SPRING HILL, FL 34607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAROFALO, ALEXANDRA 4412 PLUMBAGO CT SPRING HILL, FL 34607 <input checked="" type="checkbox"/> Delete <i>224P</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAROFALO, JOSEPH 11296 SEDGEFIELD AVE SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Delete <i>224P</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/21/05 352-457-4099 Date Daytime Phone #
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