


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90006 035 \*\*\*150.00

<b>DOCUMENT # P02000134252</b>	
1. Entity Name <b>MARQUIS TILE INC.</b>	

Principal Place of Business <b>3714 COVINGTON DR HOLIDAY FL 34691</b>	Mailing Address <b>3714 COVINGTON DR HOLIDAY FL 34691</b>
--	--



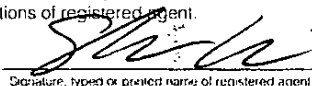
2. Principal Place of Business Suite, Apt. #, etc. <b>475 East Lake DR</b>	3. Mailing Address Suite, Apt. #, etc. <b>475 East Lake DR</b>
--	--

1st MOORE CR2E034 (10/05)

City & State <b>Tarpon Springs FL</b>	City & State <b>Tarpon Springs FL</b>
Zip <b>34688</b>	Zip <b>34688</b>
Country <b>Pineellas</b>	Country <b>Pineellas</b>

4. FEI Number <b>52-2389259</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WIDERMAN, SHAWN F 3714 COVINGTON DR HOLIDAY FL 34691</b>	
7. Name and Address of New Registered Agent Name <b>SHAWN WIDERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>475 East Lake DR</b> <b>Tarpon Springs FL</b> City <b>FL</b> Zip Code <b>34688</b>	

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 	<b>SHAWN WIDERMAN</b> (NOTE: Registered Agent signature required when re-registering) DATE <b>2-1-06</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIDERMAN, SHAWN F 3714 COVINGTON DR HOLIDAY FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAWN WIDERMAN 475 East LK DR Tarpon Springs FL 34688 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lillian Kavala 3714 Covington DR Holiday FL. 34691 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Section 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: 	<b>SHAWN WIDERMAN</b>	<b>2-1-06</b>	<b>727-243-2715</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #