## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000114830

Entity Name: MURDOCK TILE, INC.

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

23095 WICKER AVENUE 22523 FORTUNE AVENUE PORT CHARLOTTE, FL 33980 PORT CHARLOTTE, FL 33954

Current Mailing Address: New Mailing Address:

23095 WICKER AVENUE 22523 FORTUNE AVENUE PORT CHARLOTTE, FL 33980 PORT CHARLOTTE, FL 33954

FEI Number: 20-0339369 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALAGISI, LUIGI
23095 WICKER AVENUE
PORT CHARLOTTE, FL 33980 US

MALAGISI, LUIGI
22523 FORTUNE AVENUE
PORT CHARLOTTE, FL 33954 US

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.

SIGNATURE: LUIGI MALAGISI 01/12/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: MALAGISI, LUIGI Name: MALAGISI, LUIGI

Address: 23095 WICKER AVENUE Address: 22523 FORTUNE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PORT CHARLOTTE, FL 33954

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 MALAGISI, DANA
 Name:
 MALAGISI, DANA

 Address:
 23095 WICKER AVENUE
 Address:
 22523 FORTUNE AVENUE

 City-St-Zip:
 PORT CHARLOTTE, FL 33980
 City-St-Zip:
 PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIGI MALAGISI D 01/12/2005