

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90015 031 ***150.00

DOCUMENT # P03000120352



1. Entity Name
JEFF'S CERAMIC TILE INC

Principal Place of Business
1401 COUNTY ROAD 204
LOT C
HASTINGS, FL 32145

Mailing Address
1401 COUNTY ROAD 204
LOT C
HASTINGS, FL 32145

40048644



2. Principal Place of Business - No P.O. Box #

97 Kersey Rd.

Suite, Apt. #, etc.

3. Mailing Address

97 Kersey Rd.

Suite, Apt. #, etc.

03132008

Chg-P

CR2E034 (12/06)

City & State
Hastings, FL

Zip
32145

Country

City & State
Hastings, FL

Zip
32145

Country

4. FEI Number
20-0333270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERSEY, WILLIAM J
1401 COUNTY ROAD 204
HASTINGS, FL 32145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

97 Kersey Rd.

City

Hastings,

FL

Zip Code

32145

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KERSEY, WILLIAM J
1401 COUNTY ROAD 204
HASTINGS, FL 32145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
97 Kersey Rd.
Hastings, FL 32145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J Kersey

3/14/08

Date

904 797-6186

Daytime Phone #