

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90039 012 ***150.00

DOCUMENT # P03000123442	
1. Entity Name MICHAEL'S CERAMIC TILE INSTALLATION, INC.	

Principal Place of Business 21936 N.W. WONDERIN RD. FOUNTAIN, FL 32628 32438	Mailing Address 21936 N.W. WONDERIN RD. FOUNTAIN, FL 32628 32438
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24041770



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Fountain, FL	City & State Fountain, FL
Zip 32438	Country
Country	Zip 32438

03092004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2417369	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NASH, JESSICA L 105 S EAST AVE PANAMA CITY, FL 32401	
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7. Name and Address of New Registered Agent Dennis M. Chason Street Address (P.O. Box Number is Not Acceptable) 21936 NW Wonderin Rd. City Fountain FL Zip Code 32438	
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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.

SIGNATURE Dennis M. Chason	4-11-04	8507623444
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>(DATE)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASON, DENIS M 21936 N.W. WONDERIN RD. FOUNTAIN, FL 32628 32438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chason, Dennis M Fountain, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHASON, CLINTON M 17606 CENTER ST. FOUNTAIN, FL 32628 32438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fountain, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHASON, CLAYTON M 17606 CENTER ST. FOUNTAIN, FL 32628 32438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fountain, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Virginia A. Chason 21936 NW Wonderin Rd. Fountain, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

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: Dennis M. Chason	4-11-04	8507623444
<small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>	<small>(Date)</small>	<small>(Daytime Phone #)</small>