

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000128167



1. Entity Name

MAGEE TILE SERVICE, INC.

Principal Place of Business

3640 COLEBROOK DRIVE
JACKSONVILLE FL 32210

Mailing Address

3640 COLEBROOK DRIVE
JACKSONVILLE FL 32210

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

3640 Colebrook Dr

3. Mailing Address

3640 Colebrook Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

05-0590568

Applied For

Not Applicable

Zip

32210

Country

FL

Zip

32210

Country

FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGEE, PATRICIA R
3640 COLEBROOKS DR
JACKSONVILLE FL 32210

Name

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

City

FL

Zip Code

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

Patricia R Magee

March 22, 2007

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D/P ☐ Delete
NAME MAGEE, WAYNE W
STREET ADDRESS 3640 COLEBROOK DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE S ☐ Delete
NAME MAGEE, PATRICIA R
STREET ADDRESS 3640 COLEBROOK DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000680435
04/03/07-80076-018 150.00

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

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

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:

Wayne W Magee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

904-778-0122

Date

Daytime Phone #