

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 17, 2008 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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 05-0590568

Applied For
Not Applicable

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

3-14-2008

Signature (Typed or Printed Name of Registered Agent and Title if Applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

U00000858908

04/02/08-80001-098 150.00

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

President WAYNE W MAGEE 3/14/2008
DATE DAYTIME PHONE #