

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90082 021 \*\*\*150.00

**DOCUMENT # P03000136122**

1. Entity Name  
**S.G.M. TILE & STONE, INC.**



Principal Place of Business  
**335 BLUEFISH DRIVE  
62  
FORT WALTON BEACH, FL 32548**

Mailing Address  
**335 BLUEFISH DRIVE  
62  
FORT WALTON BEACH, FL 32548**

**50008430**



2. Principal Place of Business

**307 Spanish Moss Trail**

3. Mailing Address

**307 Spanish Moss Trail**

Suite, Apt. #, etc.

**Destin, FL 32541**

Suite, Apt. #, etc.

**Destin**

City & State

**Florida**

City & State

**Florida**

Zip

**32541**

Country

**U.S.A.**

Zip

**32541**

Country

**U.S.A.**

01272005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**20-0413184**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**METZGER, SHAWN G  
335 BLUEFISH DRIVE  
62  
FORT WALTON BEACH, FL FL**

7. Name and Address of New Registered Agent

Name **Shawn G. Metzger**  
Street Address (P.O. Box Number is Not Acceptable)  
**307 Spanish Moss Trail**  
City **Destin** FL Zip Code **32541**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]* **Shawn G. Metzger**

**1-28-05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **METZGER, SHAWN G**  
STREET ADDRESS **335 BLUEFISH DRIVE #62**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☒ Addition  
NAME **Shawn G. Metzger**  
STREET ADDRESS **307 Spanish Moss Trail**  
CITY-ST-ZIP **Destin, Fla., 32541**

TITLE **S** ☐ Change ☒ Addition  
NAME **Randy Knight**  
STREET ADDRESS **~~307 Spanish Moss Trail~~ 307 Spanish Moss Trail**  
CITY-ST-ZIP **Destin, Fla. 32541**

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

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

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

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

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:

*[Signature]* **Shawn G. Metzger**

**1-28-05**

**850-974-7488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #