

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90001 016 ***158.75

DOCUMENT # P03000137457

1. Entity Name
JEFFERY T SHUGART TILE INC



Principal Place of Business
**4500 MANUCY ROAD
ST AUGUSTINE, FL 32095 US**

Mailing Address
**11101 N HWY 129
BRANFORD, FL 32008 US**

14027385



2. Principal Place of Business

3. Mailing Address

4500 Manucy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08252004

Chg-P

CR2E034 (10/03)

City & State

City & State

St Augustine, FL

4. FEI Number

20-0411598

Applied For

Not Applicable

Zip

Country

Zip

32095

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURN, NANCY J
11101 N HWY 129
BRANFORD, FL 32008**

7. Name and Address of New Registered Agent

Name

Kimberly K. Carpenter

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

290 Ashley Lake Drive

City

Melrose

FL

Zip Code

32666

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 **Kimberly K. Carpenter**
Signature, typed or printed name of registered agent and title if applicable.

Kimberly K. Carpenter
(NOTE: Registered Agent signature required when reappointing)

8/25/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUGART, JEFFERY T 4500 MANUCY ROAD ST AUGUSTINE, FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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)(f), 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: **Jeffery T Shugart**
Signature, typed or printed name of signing officer or director

8/28/04
Date

Citytime Phone #