2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000141639

1. Entity Name

VERN MOHESKY MARBLE & TILE, INC.



FILED Jan 25, 2007 08:00 AM Secretary of State

Principal Place of Business 6180 S. BABCOCK STREET PALM BAY, FL 32909

Mailing Address

P.O. BOX 101186 PALM BAY, FL 32910



DO NOT WRITE IN THIS SPACE

01122007	No Chg-P	CR2	E034 (11/05)
4. FEI Number			Applied For
56-2420)886 		Not Applicabl
5. Certificate	of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHESKY, VERN

CITY-ST-ZIP

DO NOT WRITE

8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Very Mr. Res. den T			1-22-07		
FIL After Ma	Signature, typed or printed name of registered agent and title if E NOWIII FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	9. Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PSTD MOHESKY, VERN 6180 S. BABCOCK STREET PALM BAY, FL 32909	TORS		•	000000802369 01/26/07-80085-024 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS GIAGE
TITLE NAME					

12. 1 hereby contriby that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:	V-m-	Vern MoHesky	1-22-07	321-722-202
	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Doutlete Phone &