


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90026 032 \*\*\*150.00

<b>DOCUMENT # P03000157027</b>	
<b>1. Entity Name</b> MARKUR TILE, INC.	

<b>Principal Place of Business</b> 16201 NE US HIGHWAY 301 WALDO FL 32694	<b>Mailing Address</b> PO BOX 489 WALDO FL 32694
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<b>2. Principal Place of Business</b> 16201 NE US Hwy 301 Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 489 Suite, Apt. #, etc.
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<b>City &amp; State</b> WALDO, FL 32694	<b>City &amp; State</b> WALDO, FL 32694
<b>Zip</b> 32694	<b>Country</b> ALACHUA

<b>4. FEI Number</b> 59-3774440	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> PETERSEN, KURT S 16201 NE US HIGHWAY 301 WALDO FL 32694	<b>7. Name and Address of New Registered Agent</b> Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, MARLENE D 16201 NE US HIGHWAY 301 WALDO FL 32694 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, KURT S 16201 NE US HIGHWAY 301 WALDO FL 32694 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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)(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.

<b>SIGNATURE:</b> <u>Marlene D Hicks, Vice Pres</u> <b>MARLENE D. HICKS, VICEPRES</b> <u>2/23/04 (352) 468-3563</u>	<b>DATE</b> Daytime Phone #
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