

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000110154

1. Entity Name  
MURRAY'S CUSTOM TILE INC.



Principal Place of Business  
7016 OAKENSHAW DRIVE  
YOUNGSTOWN, FL 32466 US

Mailing Address  
7016 OAKENSHAW DRIVE  
YOUNGSTOWN, FL 32466 US



01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1416700

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JAMIE  
7016 OAKENSHAW DRIVE  
YOUNGSTOWN, FL 32466

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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                    |
| NAME           | MURRAY, MATTHEW J    |
| STREET ADDRESS | 7016 OAKENSHAW DRIVE |
| CITY-ST-ZIP    | YOUNGSTOWN, FL 32466 |
| TITLE          | VP.T                 |
| NAME           | MURRAY, JAMIE        |
| STREET ADDRESS | 7016 OAKENSHAW DRIVE |
| CITY-ST-ZIP    | YOUNGSTOWN, FL 32466 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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04/19/07-80052-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Matthew Murray Matthew Murray 4/5/07 722-0108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #