

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000152424

Entity Name
BECIR MASKIC TILE & MARBLE, INC.



Principal Place of Business
**3310 ROBALO WAY
JACKSONVILLE, FL 32223 US**

Mailing Address
**3310 ROBALO WAY
JACKSONVILLE, FL 32223 US**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **35-2240004** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MESKIC, BECIR
3310 ROBALO WAY
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000396913
01/30/06-80028-014 150.00

OFFICERS AND DIRECTORS

NAME	P
NAME	MESKIC, BECIR
STREET ADDRESS	3310 ROBALO WAY
CITY - ST - ZIP	JACKSONVILLE, FL 32223
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: *Becir Mesik* **BECIR MESKIC** 01-16-06 904-260-242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #