

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126961

FILED
Jun 23, 2009
Secretary of State

Entity Name: J. A. TILE & MARBLE PROS, INC.

Current Principal Place of Business:

124 LUPINE DR
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

124 LUPINE DR
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 20-3473021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION
9766 OLD ST AUGUSTINE RD
2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

TAX DIRECT
9766 OLD ST AUGUSTINE RD
3
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: JOSE JARDIM JUNIOR

06/23/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMIDT, JENNIFER J
Address: 124 LUPINE DR
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VPD () Delete
Name: SCHMIDT, LAWRENCE
Address: 124 LUPINE RD
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: SD (X) Delete
Name: LUCAS, JASON
Address: 2620 DALMATIAN LANE E
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SCHMIDT

PD

06/23/2009

Electronic Signature of Signing Officer or Director

Date