

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90003 019 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000055319			
1. Entity Name MEGA-TOUCH TILE & MARBLE, INC.			
Principal Place of Business 114 FLAMINGO RD EDGEWATER, FL 32141 US		Mailing Address PO BOX 2733 MISSOULA, MT 59806	
2. Principal Place of Business 167 Douglas Street		3. Mailing Address 167 Douglas Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Edgewater, FL		City & State Edgewater, FL	
Zip 32141	Country	Zip 32141	Country
4. FEI Number 59-3454091		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> ~ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MEGAHEE, FRED 114 FLAMINGO RD EDGEWATER, FL 32141		7. Name and Address of New Registered Agent Name Megahee, Fred Street Address (P.O. Box Number is Not Acceptable) 167 Douglas Street City Edgewater FL Zip Code 32141	
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 <u><i>Fred Megahee</i></u> Fred Megahee <u>1-10-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MEGAHEE, FRED SR. 114 FLAMINGO RD EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Megahee, Fred Sr. 167 Douglas St Edgewater, FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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.			
SIGNATURE: <u><i>Fred Megahee</i></u> Fred Megahee		Date <u>1-10-05</u> (386) 345-0026	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	