

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047073

FILED
Apr 27, 2005
Secretary of State

Entity Name: MABBITT TILE SERVICE, INC.

Current Principal Place of Business:

16895 SE 240 9TH AVE
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

16895 SE 240 9TH AVE
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 05-0568909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MABBITT, KENT A
36710 EMERALDA ISLAND ROAD
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MABBITT, KENT A
Address: 36710 EMERALDA ISLAND ROAD
City-St-Zip: LEESBURG, FL 34788

Title: VP () Delete
Name: MABBITT, KEVIN
Address: 36710 EMERALDA ISLAND ROAD
City-St-Zip: LEESBURG, FL 34788

Title: S () Delete
Name: MORGAN, CATHY
Address: 36710 EMERALDA ISLAND ROAD
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: BUSHNELL, EARL SCOTT
Address: 16895 SE 240 9TH AVE
City-St-Zip: UMATILLA, FL 32784

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENT MABBITT

_____ Electronic Signature of Signing Officer or Director

PRES

04/27/2005

_____ Date