

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90257 044 ***150.00

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01092006 Chg-P CR2E034 (11/05)

DOCUMENT # 177341 1. Entity Name FLORIDA TILE INDUSTRIES, INC.			
Principal Place of Business 1 SIKES BLVD. LAKELAND, FL 33815 US		Mailing Address 1 SIKES BLVD. LAKELAND, FL 33815 US	
2. Principal Place of Business 320 W. Main St. Suite, Apt. #, etc.		3. Mailing Address PO Box 447 Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33815	Country USA	Zip 33802-0447	Country USA
4. FEI Number 59-0708114		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CEO BURWELL, ARMISTEAD JR. 1 SIKES BLVD LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CORCORAN, JOHN M 1 SIKES BLVD LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTY, MURRY 1775 EYE ST. N.W. STE. 800 WASHINGTON, DC 20006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINCUS, ROBERT P 1775 EYE ST. N.W. STE 800 WASHINGTON, DC 20006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIL, EUGENE S 1775 EYE ST N.W. STE 800 WASHINGTON, DC 20006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIL, EUGENE S 1775 EYE ST N.W. STE 800 WASHINGTON, DC 20006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIL, EUGENE S 1775 EYE ST N.W. STE 800 WASHINGTON, DC 20006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>John M. Corcoran</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/17/06	Daytime Phone # (803)284-4111