


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90034 025 \*\*\*150.00

**DOCUMENT # L06336**  
 1. Entity Name  
**CERAMICS & SUCH, INC.**



Principal Place of Business      Mailing Address  
 519 NE 36TH AVE                      519 NE 36TH AVE  
 Ocala, FL 34470 US                      Ocala, FL 34470 US

**66007336**



02062008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2963020</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**HAMRICK, MARY, ANN**  
 519 NE 36TH AVE  
 Ocala, FL 34470

**DO NOT WRITE IN THIS SPACE**

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: Mary Ann Hamrick      DATE: 3-18-08  
Signature, typed or printed name of registered agent and state if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HAMRICK, MARY ANN 1228 NE 19TH AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST HAMRICK, DAVID O. 7303 18TH AVE NORTHWEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Mary Ann Hamrick      Date: 4-16-08      Daytime Phone #: 352-624-3363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR