


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000007616

1. Entity Name
LACASSE TILE INC.



Principal Place of Business 756 HAWTHORNE DR LAKE PARK, FL 33403	Mailing Address 756 HAWTHORNE DR LAKE PARK, FL 33403
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1528733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACASSE, STEVEN M
 756 HAWTHORNE DR
 LAKE PARK, FL 33403

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACASSE, STEVEN M 756 HAWTHORNE DR LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSEN, JOHN T 756 HAWTHORNE DR LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARCZEWSKI, JOSEPH A 756 HAWTHORNE DR LAKE PARK, FL 33403
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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: *Steven M Lacasse* **STEVEN M LACASSE** **1-4-06** **1-561-319-1028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #