


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90177 050 ***150.00

DOCUMENT # P03000118375			
1. Entity Name BEHREN'S TILE SERVICE INC.			
Principal Place of Business 4234 ABOTTSFORD STREET NORTH PORT FL 34287 US		Mailing Address 4234 ABOTTSFORD STREET NORTH PORT FL 34287 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KURZKE, MARTY 4234 ABOTTSFORD STREET NORTH PORT FL 34287		7. Name and Address of New Registered Agent Name <i>Kurzke Marty</i> Street Address (P.O. Box Number is Not Acceptable) <i>4845 Fairlane Dr.</i> City <i>North Port</i> FL Zip Code <i>34288</i>	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE <i>Marty Kurzke</i>		DATE <i>4-17-06</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D,P KURZKE, MARTY 4234 ABOTTSFORD STREET NORTH PORT FL 34286	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Marty Kurzke</i>		DATE <i>4-17-06</i> Daytime Phone # <i>626-2444</i>	



1st MOORE CR2E034 (10/05)

4. FEI Number 20-0331560 Applied For Not Applicable

new Address

*4845 Fairlane Dr.
34288*

*Kurzke Marty
4845 Fairlane Dr.
North Port FL 34288*

Marty Kurzke

4-17-06

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After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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SIGNATURE: *Marty Kurzke* DATE *4-17-06* Daytime Phone # *626-2444*