

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133488

FILED  
May 02, 2006  
Secretary of State

Entity Name: BETTES TILE, INCORPORATED

**Current Principal Place of Business:**

103 CHARLES DR  
MELBOURNE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

103 CHARLES DR  
MELBOURNE, FL 33935

**New Mailing Address:**

103 CHARLES DR  
MELBOURNE, FL 32935

FEI Number: 65-1215161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETTES, WALLACE  
103 CHARLES DR  
MELBOURNE, FL 33935 US

**Name and Address of New Registered Agent:**

BETTES, WALLACE  
103 CHARLES DR  
MELBOURNE, FL 32935 US

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

05/02/2006

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BETTES, WALLACE  
Address: 103 CHARLES DR  
City-St-Zip: MELBOURNE, FL 33935

Title: D ( ) Delete  
Name: BETTES, LORI  
Address: 103 CHARLES DR  
City-St-Zip: MELBOURNE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BETTES, WALLACE  
Address: 103 CHARLES DR  
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change ( ) Addition  
Name: BETTES, LORI  
Address: 103 CHARLES DR  
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WALLACE BETTES

Electronic Signature of Signing Officer or Director

MR.

05/02/2006

Date