


**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90115 015 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|  |   |
|--|---|
| <b>DOCUMENT # P05000148462</b><br>1. Entity Name<br><b>J.C.B. TILE &amp; MARBLE INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>389 BEECHWOOD LANE<br/>         ALTAMONTE SPRINGS, FL 32714</b> | Mailing Address<br><b>389 BEECHWOOD LANE<br/>         ALTAMONTE SPRINGS, FL 32714</b> |
|---|---|

50016336



|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |                                    |   |
|-----|---------|-----|---------|------------------------------------|---|
| Zip | Country | Zip | Country | 4. FEI Number<br><b>20-3744834</b> | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|-----|---------|-----|---------|------------------------------------|---|

01082006 Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BECKER, JEFFREY C<br/>         389 BEECHWOOD LANE<br/>         ALTAMONTE SPRINGS, FL 32714</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                    | <input type="checkbox"/> Delete |
|----------------------------|------------------------------------|---------------------------------|
| TITLE                      | <b>P</b>                           |                                 |
| NAME                       | <b>BECKER, JEFFREY C</b>           | <input type="checkbox"/>        |
| STREET ADDRESS             | <b>389 BEECHWOOD LANE</b>          |                                 |
| CITY-ST-ZIP                | <b>ALTAMONTE SPRINGS, FL 32714</b> |                                 |
| TITLE                      | <b>VP</b>                          | <input type="checkbox"/>        |
| NAME                       | <b>THOMAS, RUSSELL J</b>           | <input type="checkbox"/>        |
| STREET ADDRESS             | <b>838 14TH AVENUE</b>             |                                 |
| CITY-ST-ZIP                | <b>NEW SMYRNA BEACH, FL 32169</b>  |                                 |
| TITLE                      | <b>S</b>                           | <input type="checkbox"/>        |
| NAME                       | <b>BECKER, TAMMY J</b>             | <input type="checkbox"/>        |
| STREET ADDRESS             | <b>389 BEECHWOOD LANE</b>          |                                 |
| CITY-ST-ZIP                | <b>ALTAMONTE SPRINGS, FL 32714</b> |                                 |
| TITLE                      | <b>T</b>                           | <input type="checkbox"/>        |
| NAME                       | <b>BECKER, HOLLY C</b>             | <input type="checkbox"/>        |
| STREET ADDRESS             | <b>389 BEECHWOOD LANE</b>          |                                 |
| CITY-ST-ZIP                | <b>ALTAMONTE SPRINGS, FL 32714</b> |                                 |
| TITLE                      |                                    | <input type="checkbox"/>        |
| NAME                       |                                    | <input type="checkbox"/>        |
| STREET ADDRESS             |                                    |                                 |
| CITY-ST-ZIP                |                                    |                                 |
| TITLE                      |                                    | <input type="checkbox"/>        |
| NAME                       |                                    | <input type="checkbox"/>        |
| STREET ADDRESS             |                                    |                                 |
| CITY-ST-ZIP                |                                    |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|---|
| TITLE   |  | <input type="checkbox"/>  |
| NAME  |  | <input type="checkbox"/>  |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/>  |
| NAME  |  | <input type="checkbox"/>  |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/>  |
| NAME  |  | <input type="checkbox"/>  |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/>  |
| NAME  |  | <input type="checkbox"/>  |
| 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:** Jeffrey C Becker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 407-399-7271  
Date Daytime Phone #