# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 23, 2006 8:00 am**
**Secretary of State**
01-30-2006 90061 024 ***150.00

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01272006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000132717

1. Entity Name
SMALL THYME TILE INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2610 EAST GONZALEZ<br>PENSACOLA, FL 32503 | 2610 EAST GONZALEZ<br>PENSACOLA, FL 32503 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4120 FERN CT | 4120 FERN CT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PENSACOLA, FL | City & State: PENSACOLA, FL |
| Zip: 32503 Country: USA | Zip: 32503 Country: USA |

4. FEI Number: 20-0395299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HICKEY, RAYMOND G<br>913 GULF BREEZE PKWY<br>SUITE #5<br>GULF BREEZE, FL .32561 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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 | P<br>STIBER, JOHN<br>2610 EAST GONZALEZ ST.<br>PENSACOLA, FL 32503 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>STIBER, NICOLE<br>2610 EAST GONZALEZ ST.<br>PENSACOLA, FL 32503 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WIGINGTON, JON<br>2610 EAST GONALEZ ST<br>PENSACOLA, FL 32561 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOSEPH SPETRINI<br>4120 FERN CT<br>PENSACOLA, FL 32503 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** [signature] 2-20-06 850-439-3805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #