

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90014 019 ***150.00

DOCUMENT # P03000081916

1. Entity Name
MARTIN BORDAS TILE, INC.



Principal Place of Business
**1701 GULF OF MEXICO DR UNIT 204
LONGBOAT KEY, FL 34228**

Mailing Address
**1701 GULF OF MEXICO DR UNIT 204
LONGBOAT KEY, FL 34228**

40098134



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0122344

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J
791 W LUMSDEN RD
BRANDON, FL 33511**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BORDAS, MARTIN
STREET ADDRESS	1701 GULF OF MEXICO DR UNIT 204
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	ST
NAME	BORDAS, SUSAN
STREET ADDRESS	1701 GULF OF MEXICO DR., #204
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Susan J. Bordas Susan J. Bordas 7-6-06 941-350-6968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Martin Bordas Tile, Inc 40098132

Division of Corp.
P.O. Box 6198
Tallahassee, FL 32314

7-6-06

Doc. #

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81916

To Whom It May Concern:

We never received notification of payment due. We only received notice of intent to dissolve.

We are sending in \$150.00 fee to cover costs. We are (my son) is a 1 man show & barely makes enough to feed his family.

Thank you.

Susan Bordas

Susan Bordas

941-350-6968