

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 148175

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA TILE COMPANY OF OCALA

Current Principal Place of Business:

2604 NE 19 DR
C
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 53
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-0544025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, EUGENE A
2604 NE 19 DR STE C
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAIG, E A
Address: 1904 NW 89TH DR.
City-St-Zip: GAINESVILLE, FL 32606

Title: ST () Delete
Name: CRAIG, KEITH
Address: 3126 NW 21ST AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Delete
Name: CRAIG, PATRICIA S.
Address: 1904 NW 89TH DR.
City-St-Zip: GAINESVILLE, FL 32606

Title: C () Delete
Name: CRAIG, BRIAN D
Address: 4818 NW 17TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN D. CRAIG

C

04/30/2009

Electronic Signature of Signing Officer or Director

Date