

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 197948

FILED
Apr 29, 2009
Secretary of State

Entity Name: EAST COAST TILE AND TERRAZZO SUPPLIES, INC.

Current Principal Place of Business:

420 S. NEIMAN AVENUE
MELBOURNE, FL 32901 US

New Principal Place of Business:

450 OLD DIXIE HIGHWAY
VERO BEACH, FL 32962 US

Current Mailing Address:

450 OLD DIXIE HIGHWAY
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-0787844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, SAMUEL L.
450 OLD DIXIE HIGHWAY
VERO BEACH, FL 32962 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: ADAMS, SAMUEL L.
Address: 6600 4TH STREET
City-St-Zip: VERO BEACH, FL

Title: VDS () Delete
Name: WHITLOCK, BETTY J
Address: 403 MELBOURNE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: TD () Delete
Name: ADAMS, GAYLA M
Address: 6600 4TH ST
City-St-Zip: MELBOURNE, FL 32901

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:

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: SAMUEL L. ADAMS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date