

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 274422

Entity Name: CRAIG TILE, INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

4801 58TH AVE NO.
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4801 58TH AVE NO.
ST. PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-1027292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOTTKE, LYNN CAROL
10242 - 110TH STREET NORTH
LARGO, FL 33778 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: D (X) Delete
Name: MONTI, CAROL V.,
Address: 8421 ANNWOOD ROAD
City-St-Zip: LARGO, FL 33777

Title: P () Delete
Name: CANTO, FRANK A.,
Address: 10317 TARRAGON DRIVE
City-St-Zip: RIVERVIEW, FL

Title: V () Delete
Name: WARD, ELLIS L
Address: 115-90 AVE.
City-St-Zip: TREASURE ISLAND, FL

Title: CEOT () Delete
Name: NOTTKE, LYNN CAROL,
Address: 10242-110 ST., N.
City-St-Zip: LARGO, FL

Title: S () Delete
Name: BEREZKI, MARLENE R.
Address: 4940-55 ST. N.
City-St-Zip: KENNETH CITY, FL

Title: AV () Delete
Name: TAVERNESE, ANTHONY J JR
Address: 2324 SOCIETY DR
City-St-Zip: HOLIDAY, FL

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:

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 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: LYNN C. NOTTKE

CEOT

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date