


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 274422 1. Entity Name CRAIG TILE, INC.		
Principal Place of Business 4801 58TH AVE NO. ST. PETERSBURG, FL 33714	Mailing Address 4801 58TH AVE NO. ST. PETERSBURG, FL 33714	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NOTTKE, LYNN CAROL 10242 - 110TH STREET NORTH LARGO, FL 33778		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV JOHNSON, JERRY D 4801 58TH AVENUE NORTH ST PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WARD, ELLIS L 4801 58TH AVENUE NORTH ST PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP NOTTKE, LYNN CAROL 4801 58TH AVENUE NORTH ST PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BERECZKI, MARLENE R. 4801 58TH AVENUE NORTH ST PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV TAVERNESE, ANTHONY J JR 4801 58TH AVENUE NORTH ST PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV MCDONALD, MICHAEL 4801 58TH AVENUE NORTH ST PETERSBURG, FL 33714	
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: <u>Lynn C Nottke</u> Lynn C Nottke, CEOP		1/30/08 727-527-7325 <small>Date Daytime Phone #</small>



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1027292	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

U00000813594
02/13/08-80010-015 158.75

**DO NOT WRITE
IN THIS SPACE**