2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 312089

FILED Jan 14, 2009 Secretary of State

Entity Name: TILE CONTRACTORS SUPPLY COMPANY OF FLORIDA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
untill F	inicipal Flace (/I Dubiliess.	New Fillicipal Flace	or Dusiliess.	
	97TH BLVD. LLE, FL 32606	US			
urrent M	lailing Address	:	New Mailing Addres	ss:	
	97TH BLVD. LLE, FL 32606	US			
El Number	: 59-1162409	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	l Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
005 NW 9	VEND P JR 97TH BLVD. LLE, FL 32606	US			
	e named entity su e of Florida.	ıbmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
the State	e of Florida.	ıbmits this statement for the μ	ourpose of changing its registere	ed office or registered agent, or both,	
the State	e of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or both, Date	
the State	e of Florida. RE: Electronic				
the State	e of Florida. RE: Electronic	c Signature of Registered Ago Trust Fund Contribution ().	ent		
the State	e of Florida. RE: Electronic mpaign Financing S AND DIRECT	c Signature of Registered Age Trust Fund Contribution (). ORS: Delete P JR BLVD.	ent	Date	
the State IGNATUI ection Car FFICER: tle: ame: ddress:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT P () C OLSEN, SVEND I 4005 NW 97TH B GAINESVILLE, FI	© Signature of Registered Age Trust Fund Contribution (). ORS: Delete P JR SLVD. L 32606 US Delete P SR SLVD	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: SVEND P OLSEN JR PRES 01/14/2009