

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90077 042 ***150.00

DOCUMENT # 455002

1. Entity Name

AL'S TILE SERVICE, INC.



Principal Place of Business

9210 25TH STREET EAST
PARRISH FL 34219-9175

Mailing Address

9210 25TH STREET EAST
PARRISH FL 34219-9175



2. Principal Place of Business

9120 25TH STREET EAST

Suite, Apt. #, etc.

3. Mailing Address

9120 25TH STREET EAST

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PARRISH FL

City & State

PARRISH FL

4. FEI Number

59-1543150

Applied For

Not Applicable

Zip

34219-9175

Country

Zip

34219-9175

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BADEN, EARL W JR
1101 SIXTH AVENUE WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME EDWARDS, ALVIN
STREET ADDRESS 9210 25TH STREET EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE SD ☐ Delete
NAME EDWARDS, FRANCES M
STREET ADDRESS 9210 25TH STREET E.
CITY-ST-ZIP PARRISH FL 34219

TITLE PD ☐ Delete
NAME EDWARDS, BRIAN CHARLES
STREET ADDRESS 9120 25TH STREET EAST
CITY-ST-ZIP PARRISH FL 34219-9175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brian Charles Edwards / BRIAN CHARLES EDWARDS

1-20-06