2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 527893

Entity Name: GREER TILE COMPANY

404 EAST ST RD 434

WINTER SPRINGS, FL 32708 US

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

Entity Nai	me: GREER	TILE CON	MPANY					
Current Principal Place of Business:				New Principal Place of Business:				
	STATE RD, 40 SPRINGS, FL		US					
Current Mailing Address:				New Mailing Address:				
	STATE RD, 43 SPRINGS, FL		US					
FEI Number:	: 59-1733346	FEI Nur	nber Applied For()	FEI Number Not Appli	icable ()	Certificate of Status Desir	ed ()	
Name and	Address of C	Current F	Registered Agent:	Name and	Address of I	New Registered Agent:		
GREER, B 2600 E. IR KISSIMME	LO BRONSON	NHWY US						
The above in the State	named entity : e of Florida.	submits t	his statement for the p	ourpose of changing it	ts registered o	office or registered agent	, or both,	
SIGNATUR	RE:							
	Electror	nic Signat	cure of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () GREER, BARR 404 EAST ST F WINTER SPRIN	RD 434	2708 US	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	P () GREER, CAND 404 EAST ST F WINTER SPRIF	RD 434	2708 US	Title: Name: Address: City-St-Zip:	GREER, CAND 404 EAST ST F			
Title: Name: Address: City-St-Zip:	VP () PARKER, RICH 404 EAST ST F WINTER SPRIN	RD 434	2708 US	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name:	VP () GOOSEN, TOD) Delete DD B		Title: Name:	() Change ()Addition		

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.

Address:

City-St-Zip:

SIGNATURE: CANDICE S GREER VP 03/19/2009