

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

**DOCUMENT # 548620**

1. Entity Name

INTERCOASTAL TILE AND MARBLE, INC.



Principal Place of Business

5189 NW 15TH ST.  
MARGATE FL 33063

Mailing Address

5189 NW 15TH ST.  
MARGATE FL 33063

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1779757**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY SR, BILLY J  
10066 CROSSWIND RD  
BOCA RATON FL 33498

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 substituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
P  
LINDSEY, BILLY J., SR.  
10066 CROSSWINDS ROAD  
BOCA RATON FL 33498

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
V  
LINDSEY, THERESA  
10066 CROSSWINDS ROAD  
BOCA RATON FL 33498

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY ST ZIP

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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: Billy J. Lindsey, Sr. - President**  
*Billy J. Lindsey, Sr. Pres*

01-18-2007

(954) 971-5294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #