


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # 827449 1. Entity Name HEULER TILE CO., INC.	
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Principal Place of Business N16 W23250 STONERIDGE DRIVE WAUKESHA, WI 53188 US	Mailing Address N16 W23250 STONERIDGE DRIVE WAUKESHA, WI 53188 US
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02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 39-0962960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEULER, JAMES L N16 W23250 STONE RIDGE DR WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, CONOR N16 W23250 STONERIDGE DRIVE WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S RAYMONDS, STEPHEN N16 W23250 STONERIDGE DRIVE WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/30/07-80054-014 150.00

DO NOT WRITE IN THIS SPACE

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: Stephen C Raymond **STEPHEN C (RAYMOND)** 2-21-17 252 522 6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #