


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 841220</b> 1. Entity Name STANDARD TILE CO.	
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Principal Place of Business 1451 GLOBAL CT SARASOTA, FL 34240 US	Mailing Address 1451 GLOBAL CT SARASOTA, FL 34240 US
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03152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-0820700	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MACPHAIL, GORDON 1451 GLOBAL CRT SARASOTA, FL 34240	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MACPHAIL, GORDON 1451 GLOBAL CT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACPHAIL, PAUL 1451 GLOBAL CT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACPHAIL, ROY 1451 GLOBAL CRT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACPHAIL, DINISE 1451 GLOBAL CRT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000678735  
04/03/07-80049-020 150.00

**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:  3/20/2007 941 ✓  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 915 6112