# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2006 8:00 am**
**Secretary of State**
01-17-2006 90268 014 ***150.00

DOCUMENT # F00000000602

1. Entity Name
ANN SACKS TILE & STONE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 444 HIGHLAND DRIVE<br>ATTN: TAX DEPT.<br>KOHLER, WI 53044 | 444 HIGHLAND DRIVE<br>ATTN: TAX DEPT.<br>KOHLER, WI 53044 |

01062006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 93-0843204 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 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, 2006 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOHLER, HERBERT V JR.<br>441 GREEN TREE ROAD<br>KOHLER, WI 53044 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHENEY, JEFFREY P.<br>4010 NORTH 50TH STREET<br>SHEBOYGAN, WI 53083 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | x ☒ Change ☐ Addition<br>N6315 N. 61st Street, Sheboygan, WI 53083 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>KOHLER, RACHEL D<br>2614 N. MILDRED<br>CHICAGO, IL 60614 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>HAAS, DELBERT<br>N9646 FRANKLIN ROAD<br>ELKHART LAKE, WI 53020 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MARCHI, MICHAEL<br>N 6551 RIVERVIEW ROAD<br>PLYMOUTH, WI 53073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BLACK, NATALIE A<br>9934 WEEKS LANE<br>OOSTBURG, WI 53070 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ Treasurer 1/11/06 920-457-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #