

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # F02000003909

1. Entity Name
SHANNON BROTHERS TILE, INC.



Principal Place of Business
1309 PUTMAN DRIVE
HUNTSVILLE, AL 35816

Mailing Address
1309 PUTMAN DRIVE
HUNTSVILLE, AL 35816



DO NOT WRITE IN THIS SPACE

04032007 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0719916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAN DYKE, DAVID
104 STONEHILL DR.
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000703581
04/20/07-80144-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANNON, EDDY A 1309 PUTMAN DRIVE NW HUNTSVILLE, AL 35816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANNON, RICKY H 1309 PUTMAN DRIVE NW HUNTSVILLE, AL 35816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHANNON, BILLY W 1309 PUTMAN DRIVE NW HUNTSVILLE, AL 35816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Billy W. Shannon Billy W. Shannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07
Date

256-837-6520
Daytime Phone #