2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K41986

t. Entity Name

PANAMA CITY TILE DISTRIBUTORS, INCORPORATED

FILED Apr 24, 2008 08:00 AN Secretary of State

						V. S.						
Principal Plac	e of Business	3	Mailing Add	Mailing Address								
% CHARLES S ISLER III 434 MAGNOLIA AVE. PANAMA CITY FL 32401-3127			434 MAGN	% CHARLES S ISLER III 434 MAGNOLIA AVE. PANAMA CITY FL 32401-3127								
2. Principal P	lace of Busin	oss - No PO Box#	3. Mailing A	3. Mailing Address))		
Suite, Apt.	#.etc.	10 , 100	Suite Apt	Suite Apt #, etc.				1st MOORE CR2E034 (10/07)				
City & Stat	e	****	City & Sta	City & State			4. FEI Number 59-2917541 Applied For Not Applicable					
Zıp	Zip Country			Z ₁ p Count			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and	d Address of New R	egistered Ag	jent		
						Name						
ISLER, CHARLES S. III 430 MAGNOLIA AVE. PANAMA CITY FL FL						Street Address (P.O. Box Number is Not Acceptable)						
PAN	IAMA CIT	YFLFL								I		
						City			FL	Zip Codi	e	
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 prened harve of registered agent and the Trippication. (ROTE Registered Agent agriculture required when representing). DATE												
FILE NOW II FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Campa Trust Fund Conf			00 May Be ed to Fees	
10.		OFFICERS AN	ND DIRECTORS		11.		ADDITIONS	L CHANGES TO OFFI	CERS AND D	DIRECTORS	S IN 11	
TITLE	VST		[Delete	TITLE					Change	noitibtA [
NAME	WHITLEY, .	JOE K.			NAME			HOOOOO	10716		_	
STREFT ADDRESS	ST ANDREV	WS BLVD		STREE			000000919716 05/14/08-80015-005 150.00					
CITY-ST-ZIP	PANAMA C	ITY FL		CITY-			03,17,00 00013 003 130,00					
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STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY·S							
12. I hareby o	enify that the	information supplied	with this filing does	net qualify for	r the exe	rnptions contained	d in Section 11	9. Florida Statutes T	further certify	that the in	nformation	

indicated on this report of 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 of 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 atlachment with an address, with all other live empowered.

SIGNATURE: Habrico J. Whitley PATRICIA J. WHITLEY - 5667 SIGNATURE AND TYPED OR BUSINESS OFFICER OR DESCRIPTION Date 4-25 CANCER FROM PROPERTY OF THE PROPERTY