

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-08-2007 90048 006 ***150.00

DOCUMENT # K76738 1. Entity Name SCOTT'S TILE, INC.			
Principal Place of Business 15804-5 BROTHERS CT FORT MYERS, FL 33912		Mailing Address 14001 RIVER ROAD FORT MYERS, FL 33905	
2. Principal Place of Business - No P.O. Box # 557 Butler Ln		3. Mailing Address Suite, Apt. #, etc.	
City & State Custer KY		City & State Suite, Apt. #, etc.	
Zip 40115		Country Brexit	
4. FEI Number 65-0108961		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIEHL, STEPHANIE B 14001 RIVER ROAD FORT MYERS, FL 33905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 557 Butler Ln 14001 River Rd Ft. Myers FL 33905 City Custer KY Zip Code 40115	
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 <u>Stephanie B Diehl</u> (NOTE: Registered Agent signature required when re-appointing) DATE <u>2/5/07</u>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIEHL, MARION SCOTT 14001 RIVER ROAD FORT MYERS, FL 33905	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIEHL, STEPHANIE B 14001 RIVER ROAD FORT MYERS, FL 33905	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIEHL, STEPHANIE B 14001 RIVER ROAD FORT MYERS, FL 33905	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	577 Butler Ln Custer KY 40115	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	557 Butler Ln Custer KY 40115	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	557 Butler Ln Custer KY 40115	☐ Delete	☐ 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 <u>Stephanie B Diehl</u>		Date <u>2/5/07</u> Daytime Phone # <u>270 536-3140</u>	

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