


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L47312 1. Entity Name CROSBY TILE, INC.	
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Principal Place of Business % GERALD B. KEANE 46 N. WASHINGTON BLVD., SUITE 5 SARASOTA, FL 34236	Mailing Address % GERALD B. KEANE 46 N. WASHINGTON BLVD., SUITE 5 SARASOTA, FL 34236
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02102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0188370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEANE, GERALD B.
46 N. WASHINGTON BLVD.
SUITE 5
SARASOTA, FL 34236

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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 _____ 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSBY, JUDY C. 4101 WALNUT AVE. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CROSBY, MICHAEL L. 2355 OAKFORD ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSBY, NOEL 2355 OAKFORD ROAD SARASOTA, FL 34240
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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:  MICHAEL L CROSBY 4/17/07 941 520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6165