2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L55187

Entity Name: P.C. & S. TILE, INC.

Current Principal Place of Business:

816 9TH STREET SW
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6519
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 65-0179399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRUVE, MARTHA (MIKI) J
11280 INDIAN RIVER DRIVE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STRUVE, MARTHA (MIKI) J
Address: 11280 INDIAN RIVER DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: S ( ) Delete
Name: COOPER, MICHAEL G
Address: 100 38TH COURT
City-St-Zip: VERO BEACH, FL 32060

Title: V ( ) Delete
Name: JENNIFER E. STRUVE,
Address: 2201 -85TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: T ( ) Delete
Name: RUBLE, GEARY W
Address: 1860 FLORA LANE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA J. STRUVE PD 04/28/2008

Electronic Signature of Signing Officer or Director Date