

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L75464 1. Entity Name TILE CRAFT OF SARASOTA, INC.		
Principal Place of Business C/O J. MICHAEL DINSMORE 1928 ROLLING GREEN CIRCLE SARASOTA, FL 34240	Mailing Address C/O J. MICHAEL DINSMORE 1928 ROLLING GREEN CIRCLE SARASOTA, FL 34240	



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0205443	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent DINSMORE, J. MICHAEL 1928 ROLLING GREEN CIRCLE SARASOTA, FL 34240		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, 2008 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	D DINSMORE, J. MICHAEL 1928 ROLLING GREEN CIR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DINSMORE, MICHAEL J 1928 ROLLING GREEN CIRCLE 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: <i>John M. Dinsmore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/24/08 350-1692 Date Daytime Phone #