

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT# M86061 1. Entity Name SOUTHERN TILE, INC.	
--	---

Principal Place of Business 1625 RIDGEWOOD SARASOTA, FL 34231 US	Mailing Address 1625 RIDGEWOOD SARASOTA, FL 34231 US
--	--



01102006 NoChg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

4. FE Number 65-0055675	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MYNATT, ROBERT W. 1625 RIDGEWOOD SARASOTA, FL 34231
--

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 is applicable	(NOTE: Registered Agent's signature required when re-instating)	DATE 1/18/06 10:04:27
--	---	--------------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	02/02/06-80003-017 150.00
---	---	--------------------------------	---------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYNATT, ROBERT W. 1625 RIDGEWOOD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYNATT, NANCY L. 1625 RIDGEWOOD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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>Nancy Mynatt V. Pres</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/23/06 9419277051 Date Daytime Phone
---	---