

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002503

FILED
May 12, 2009
Secretary of State

Entity Name: BURNS TILE & DESIGN, INC.

Current Principal Place of Business:

15682 APPLEWHITE CIRCLE
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

PO BOX 380972
MURDOCK, FL 339380972 US

New Mailing Address:

FEI Number: 65-0975103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA, FL 33950 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURNS, JEFFREY A
Address: 15682 APPLEWHITE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: ST () Delete
Name: BURNS, MICHELLE
Address: 15682 APPLEWHITE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHELLE M BURNS

ST

05/12/2009

Electronic Signature of Signing Officer or Director

Date