

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000034467

Entity Name: GRADY C. WILLIAMS, TILE, INC.

FILED
Sep 21, 2009
Secretary of State

Current Principal Place of Business:

416 SW CRABAPPLE COVE
PT. ST. LUCIE, FL 34986

New Principal Place of Business:

569 SW INDIAN KEY DR
PT. ST. LUCIE, FL 34986

Current Mailing Address:

416 SW CRABAPPLE COVE
PT. ST. LUCIE, FL 34986

New Mailing Address:

569 SW INDIAN KEY DR
PT. ST. LUCIE, FL 34986

FEI Number: 65-0999236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMOS, DAVID M ESQ.
805 DELAWARE AVE.
FT. PIERCE, FL 34950 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: P () Delete
Name: WILLIAMS, GRADY C
Address: 4165 W. CRABAPPLE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, GRADY C
Address: 569 SW INDIAN KEY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: GRADY C. WILLIAMS

PRES

09/21/2009

Electronic Signature of Signing Officer or Director

Date