2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # P00000050164 G & B PROTILE, INC. Principal Place of Business 2211 CLEARWATER DRIVE DELTONA FL 32738 2211 CLEARWATER DRIVE **DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3650731 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROMFIELD, KAREN L Street Address (P.O. Box Number is Not Acceptable) 2211 CLEARWATER DR DELTONA FL 32738 Zip Cade 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 accerthe obligations of registered agent. 417106 SIGNATURE FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May €. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change - Additio Delete IIILE TITLE NAME BROMFIELD, KAREN L MAME STREET ADDRESS 2211 CLEARWATER DR STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP **DELTONA FL 32738** 7177 F ☐ Delete $T(T) \in$ Change - □ Addiic NAME NAME BROMFIELD, GREGORY K STREET ADDRESS STREET ADDRESS 2211 CLEARWATER DR CITY-ST-ZIP **DELTONA FL 32738** CITY-SI-IP Change Autrio □ Oelste TITLE TATE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Additio: TITLE Defete TITLE NAME STREET AGORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-70 CHY-S1-28 ☐ Change ☐ Addition Titte Delete TOTE NAME MAME STREET ADDRESS STREET ADDRESS DITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

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KAKEN L Bromfield

4/17/06

**FILED**