## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2007 08:00 AM Secretary of State DOCUMENT # P00000067904 STEVE COURTNEY TILE, INC. Principal Place of Business Mailing Address 230 ASH ST **230 ASH ST** WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 . .स.म. ५ ८ वर्षे के किछक असंस्थ अस्ति। स्थापनावर्षे - १ कै 01262007 No Chq-P CR2E034 (11/05) 4. FEI Number Applied For 59-3664259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired destributed in the first that the first in t Fee Required 6. Name and Address of Current Registered Agent right policinalist in the contract of the COURTNEY, STEVE DO NOT WRITE 230 ASH ST WEST MELBOURNE, FL 32904 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 Fiorida. 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME COURTNEY, STEVE STREET ADDRESS 230 ASH ST WEST MELBOURNE, FL 32904 CITY-ST-ZiP TITLE NAME STREET ADDRESS ្សីស្រីទីទៅសំនាស្រីសុំសុទ្ធសំនើងសេទ្ធសេនី សំនឹកក្រុងសេន៍ សេនី CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY - ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME สมหรับสาทาง สามาร์สเทียงสู้สาทางสุดสาทางสาทาง STREET ADDRESS CITY-ST-ZIP

12. Thereby 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

9/1/01

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