


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90167 032 \*\*\*150.00

<b>DOCUMENT # P00000104145</b> 1. Entity Name <b>MODELLO TILE &amp; STONE, INC.</b>	
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Principal Place of Business <b>4 CABAHA LANE DESTIN, FL 32541</b>	Mailing Address <b>4 CABAHA LANE DESTIN, FL 32541</b>
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**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3690888</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>BURDASH, RICHARD 4 CAHABA LANE DESTIN, FL 32541</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURDASH, RICHARD 4 CAHABA LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHILDER, ROBERT <del>8846 YORKTOWN CIRCLE</del> <b>45 Ferry Rd NE</b> <del>FORT WALTON BEACH, FL 32547</del> <b>32548</b>
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	

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-27-06</b>	Daytime Phone # <b>850-938-0651</b>
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