

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90035 046 \*\*\*150.00

**DOCUMENT # P01000023191**



1. Entity Name

STONEWALL TILE AND MARBLE, INC.

Principal Place of Business

4325 BELLEWOOD STREET  
PALM BEACH GARDENS FL 33410

Mailing Address

4325 BELLEWOOD STREET  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3955 S. Tom Ave

Suite, Apt. #, etc.

3. Mailing Address

3955 S. Tom Ave

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

Inverness FL

City & State

Inverness FL

4. FEI Number

65-1081452

Applied For

Not Applicable

Zip

34452

Country

USA

Zip

34452

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAPUIS, PIERRE C  
2555 PGA BLVD  
LOT 88  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Pierre Chapuis

Street Address (P.O. Box Number is Not Acceptable)

3955 S. Tom Ave

City

Inverness

FL

Zip Code

34452

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME CHAPUIS, PIERRE C  
STREET ADDRESS 4325 BELLEWOOD STREET  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VT ☒ Delete  
NAME CHAPUIS, LAURENT  
STREET ADDRESS 620 S. D ST.  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-06 352-726-4015