## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

## Mar 22, 2006 8:00 am Secretary of State DOCUMENT # P01000030501 03-22-2006 90018 001 \*\*\*150.00 CELTIC CUSTOM TILE, INC. Principal Place of Business Mailing Address 850 PALM VIEW WAY PO BOX 19319 SARASOTA, FL 34240 SARASOTA, FL 34276 3. Mailing Address 2. Principal Place of Business 1800 Suite, Apt. #, etc. Suite, Apt. #, etc. 02112006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For 65-1085051 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRACY, CATHERINE L Street Address (P.O. Box Number is Not Acceptable) 2058 CONSTITUTION BLVD SARASOTA, FL 34231 City Zip Code 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 algoriture required wher: reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPST** DPST TITLE ☐ Delete TITLE ☐ Addition Change MURPHY, Scott MURPHY, WILLIAM SCOTT NAME 850 PALM VIEW WAY STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME MAME

STREET ADDRESS CITY-ST-ZIP

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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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