

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

03-26-2008 90026 039 ***150.00

DOCUMENT # P01000089444 1. Entity Name KINGSWAY TILE, INC.					
Principal Place of Business 5480 SAWGRASS RD SARASOTA, FL 34232			Mailing Address 5480 SAWGRASS RD SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1139273	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KING, EMANUEL S 5480 SAWGRASS RD SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name KING, EMANUEL S Street 5263 VISIONARY COURT City SARASOTA FL Zip Code 34233	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, EMANUEL S 5480 SAWGRASS RD SARASOTA, FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, MARY ANN 5480 SAWGRASS RD SARASOTA, FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, RYAN 5480 SAWGRASS RD SARASOTA, FL 34232	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, EMANUEL S. PO BOX 18401 SARASOTA, FL 34276	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, MARY ANN PO BOX 18401 SARASOTA, FL 34276	☒ Change ☐ Addition			
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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.					
SIGNATURE: _____ Date 1-28-08					