


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000000807</b> <small>1. Entity Name</small> <b>CLAD TILE AND STONE, INC.</b>					
<small>Principal Place of Business</small> <b>2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33030</b>			<small>Mailing Address</small> <b>2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33030</b>		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc. City & State Zip      Country			<small>3. Mailing Address</small> Suite, Apt. #, etc. City & State Zip      Country		
<small>4. FEI Number</small> <b>01-0564299</b>			<small>Applied For</small> <input type="checkbox"/> Not Applicable		
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<small>6. Name and Address of Current Registered Agent</small> <b>KLAPHOLZ, JOSEPH P C/O MANELLA &amp; KLAPHOLZ 2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020</b>				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<small>9. Election Campaign Financing</small> <b>\$5.00</b> May Be <small>Trust Fund Contribution.</small> <input type="checkbox"/> <b>Added to Fees</b>		
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>PVST</b> <b>RYNERSON, EARL</b> <b>2500 HOLLYWOOD BLVD SUITE 212</b> <b>HOLLYWOOD FL 33030</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>11010000452234</b> <b>03/11/06-00019-001 150.00</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**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:** \_\_\_\_\_ **2/23/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #