

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

JMENT # P02000020406

Entity Name  
K TILESETTERS, INC.



FILED

06 APR -7 AM 10: 23

FLORIDA STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

18480A PAULSON DRIVE  
PORT CHARLOTTE, FL 33948

Mailing Address

18480A PAULSON DRIVE  
PORT CHARLOTTE, FL 33948



03102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

04-3620793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MARRYOTT, THOMAS D  
128 NESBIT STREET  
PUNTA GORDA, FL 33950

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
VAN VORST, KENNETH C  
18480A PAULSON DRIVE  
PORT CHARLOTTE, FL 33948

V  
VAN VORST, APRIL C  
18480A PAULSON DRIVE  
PORT CHARLOTTE, FL 33948

LET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

900070813509  
04/18/06--01043--008 \*\*150.00

*Handwritten signature*

**DO NOT WRITE  
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #