

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000025506

FILED
Sep 19, 2008
Secretary of State

Entity Name: DIAMONDBACK TILE & STONE, INC.

Current Principal Place of Business:

13492 LAS BRISAS WAY
JACKSONVILLE, FL 32224

New Principal Place of Business:

13492 LAS BRISAS WAY
JACKSONVILLE, FL 32224 US

Current Mailing Address:

P.O. BOX 50668
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

P.O. BOX 50668
JACKSONVILLE BEACH, FL 32240 US

FEI Number: 04-3610192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUIR, DANNY R
13492 LAS BRISAS WAY
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUIR, DANNY R
Address: 13492 LAS BRISAS WAY
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MUIR, DANNY R
Address: 13492 LAS BRISAS WAY
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY MUIR

PS

09/19/2008

Electronic Signature of Signing Officer or Director

Date