

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90007 025 \*\*\*150.00

|   |   |  |  |   |  |  |
|---|---|--|--|---|--|--|
| <b>DOCUMENT # P02000050204</b>  |   |  |  |  |  |  |
| <b>1. Entity Name</b><br>CHIMNER TILE, INC.   |   |  |  |   |  |  |
| <b>Principal Place of Business</b><br>2722 ELOISE ST<br>SARASOTA, FL 34231  |   |  | <b>Mailing Address</b><br>PO BOX 19319<br>SARASOTA, FL 34276       |   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>  |  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |  |
| City & State  |   | City & State   |  |   |  |  |
| Zip   | Country   | Zip  | Country  |   |  |  |
| <b>4. FEI Number</b><br>03-0438222  |   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                              |  |   |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |  |   |  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>                 |   |  |  |
| CHIMNER, GARY A<br>2722 ELOISE ST<br>SARASOTA, FL 34231   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |  |
| FL  |   |  | Zip Code   |   |  |  |
| <b>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.</b>  |   |  |  |   |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____   |   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |   |  |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>       |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | PTVS<br>CHIMNER, GARY A<br>2722 ELOISE ST<br>SARASOTA, FL 34231 |  | <input checked="" type="checkbox"/> Delete                         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>    | P<br>Chimner Gary A<br>4106 - Arrow Ave<br>Sarasota FL 34232 |  |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  | D<br>CHIMNER, GARY A<br>2722 ELOISE ST<br>SARASOTA, FL 34231    |  | <input checked="" type="checkbox"/> Delete                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      | VP<br>Seehaus Karl R<br>5322 Avila Ave<br>Sarasota FL 34235  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   | [Empty]   |  | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | [Empty]  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   | [Empty]   |  | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | [Empty]  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   | [Empty]   |  | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | [Empty]  |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   | [Empty]   |  | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | [Empty]  |  |
| <b>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.</b> |   |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>Gary A Chimner</u>   |   |  | 7/6/07   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date   |   |  |  |
| 941-232-4347  |   |  | Daytime Phone #  |   |  |  |