

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000074965

Entity Name: N STYLE TILE, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12017 CISCO GARDENS ROAD S  
JACKSONVILLE, FL 322192748

**New Principal Place of Business:**

**Current Mailing Address:**

12017 CISCO GARDENS ROAD S  
JACKSONVILLE, FL 322192748

**New Mailing Address:**

FEI Number: 01-0728568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, LARRY E  
12017 CISCO GARDENS ROAD S  
JACKSONVILLE, FL 322192748 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NELSON, LARRY E  
Address: 12017 CISCO GARDENS RD S  
City-St-Zip: JACKSONVILLE, FL 32219

Title: VD  
Name: NELSON, PATRICIA  
Address: 12017 CISCO GARDENS RD S  
City-St-Zip: JACKSONVILLE, FL 32219

Title: GM  
Name: MYERS, AUSTIN C  
Address: 12017 CISCO GARDENS ROAD S  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby 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 all other like empowered.

SIGNATURE: LARRY EDWARD NELSON

PD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date