

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000105935	
1. Entity Name SPECKLED GROUT TILE WORKS, INC.	

Principal Place of Business 205 JOHNS DRIVE TALLAHASSEE, FL 32301	Mailing Address 205 JOHNS DRIVE TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2360836	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MICHAEL J. HEIERMAN
205 JOHN DRIVE
TALLAHASSEE, FL 32301

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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 reissuing) **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	
1. NAME T. E. N. ME S. STREET ADDRESS C. Y. ST. ZIP	D HEIERMAN, MICHAEL J 205 JOHNS DR. TALLAHASSEE, FL 32301
2. NAME T. E. N. ME S. STREET ADDRESS C. Y. ST. ZIP	
3. NAME T. E. N. ME S. STREET ADDRESS C. Y. ST. ZIP	
4. NAME T. E. N. ME S. STREET ADDRESS C. Y. ST. ZIP	
5. NAME T. E. N. ME S. STREET ADDRESS C. Y. ST. ZIP	
6. NAME T. E. N. ME S. STREET ADDRESS C. Y. ST. ZIP	

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04/23/06-80179-014 150.00

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IN THIS SPACE**

11. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael James Heierman* **4/17/06** **(850) 508-2**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #