



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90070 038 ***150.00

DOCUMENT # P02000110208 1. Entity Name M & H TILE, INC.																											
Principal Place of Business 850 PALM VIEW WAY SARASOTA, FL 34240		Mailing Address P.O. BOX 19319 SARASOTA, FL 34276																									
2. Principal Place of Business 9502 289th St. E Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State MYAKKA City, FL Zip 34251		City & State Zip USA																									
4. FEI Number 60-0003871		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 2058 CONSTITUTION BLVD SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P HARTSHORN, LAWRENCE W</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>850 PALM VIEW WAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SARASOTA, FL 34240</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P HARTSHORN, LAWRENCE W	<input type="checkbox"/> Delete	NAME	850 PALM VIEW WAY		STREET ADDRESS	SARASOTA, FL 34240		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P HARTSHORN, LAWRENCE W.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>9502 289th St. E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MYAKKA City, FL 34251</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P HARTSHORN, LAWRENCE W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	9502 289th St. E.		STREET ADDRESS	MYAKKA City, FL 34251		CITY-ST-ZIP		
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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.																											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-8-06 Daytime Phone # 941-302-4381																									