2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # P02000122382** 1. Entity Name MORRIS TILE COMPANY Principal Place of Business Mailing Address 1491 SOUTH BLVD. PO BOX 574 CHIPLEY, FL 32428 CHIPLEY, FL 32428 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3069140 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, KAREN DO NOT WRITE 1796 SLEEPY HOLLOW LANE CHIPLEY, FL 32428 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MORRIS, KAREN NAME STREET ADDRESS 1796 SLEEPY HOLLOW LANE H000000928002 CITY-ST-ZIP CHIPLEY, FL 32428 05/16/08-80013-014 150.00 TITLE NAME MORRIS, DAVID STREET ADDRESS 1796 SLEEPY HOLLOW LANE CHIPLEY, FL 32428 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jaren Horris

4-10-2008

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