

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000134812

1. Entity Name

BLEVINS-NIPPER TILE & MARBLE INSTALLATION CO.



Principal Place of Business
108 SW 15TH ST
CAPE CORAL FL 33991

Mailing Address
1624 WOODLAWN AVE
PUNTA GORDA FL 33950

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
02-0665934

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, PAUL
1443 EL PRADO BOULEVARD
CAPE CORAL FL 33990

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD BLEVINS, JOBBY 413 N.E. 11TH PLACE CAPE CORAL FL 33909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	JD Blevins Jobby 108 SW 18 St CAPE CORAL FL 33991	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	STD NIPPER, JAMES 108 S.W. 15TH STREET CAPE CORAL FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Jobby Blevins

3/7/07 239-770-4672
Daytime Phone #