


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90029 048 ***150.00

DOCUMENT # P02000134812 1. Entity Name BLEVINS-NIPPER TILE & MARBLE INSTALLATION CO.			
Principal Place of Business 108 SW 15TH ST CAPE CORAL, FL 33991 <i>828 SW 18 ST</i>		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 CAPE CORAL FL		City & State	
Zip 33991		Country US	
4. FEI Number 02-0665934		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 SWANSON, PAUL 1443 EL PRADO BOULEVARD CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name Blevins Bobby Street Address (P.O. Box Number is Not Acceptable) 828 SW 18 ST City CAPE CORAL FL Zip Code 33991	
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 <i>[Signature]</i> DATE 3-18-08 <small>Signature, typed or printed name of registered agent and used if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLEVINS, JOBBY <input type="checkbox"/> Delete 108 SW 18 ST CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D Blevins Bobby <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 828 SW 18 ST CAPE CORAL FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NIPPER, JAMES <input type="checkbox"/> Delete 108 S.W. 15TH STREET CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Nipper James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1624 WOODLAWN AVE PUNTA GORDA FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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: <i>[Signature]</i>		Date 3-18-08 Daytime Phone #	