


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90027 046 ***550.00

DOCUMENT # P03000008843 1. Entity Name GULF TILE INSTALLERS, INC.					
Principal Place of Business 415 MICHAEL ST WEWAHITCHKA, FL 32465			Mailing Address 415 MICHAEL ST WEWAHITCHKA, FL 32465		
2. Principal Place of Business - No P.O. Box # 227 Fieldstone Lane Suite, Apt. #, etc.		3. Mailing Address 227 Fieldstone Lane Suite, Apt. #, etc.			
City & State Wewahitchka, FL		City & State Wewahitchka, FL		4. FEI Number 59-3589311	
Zip 32465		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, KEITH 574 KEMP CEMETARY RD. WEWAHITCHKA, FL 32465			7. Name and Address of New Registered Agent Name Thomas Keith Street Address (P.O. Box Number is Not Acceptable) 227 Fieldstone Lane City Wewahitchka FL Zip Code 32465		
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 <u><i>Keith Thomas</i></u> 8-6-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	TREA THOMAS, KEITH 574 KEMP CEMETARY RD. WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC / Trea THOMAS, Keith 227 Fieldstone Lane Wewahitchka, FL 32465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES THOMAS, KEITH 574 KEMP CEMETARY RD. WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES THOMAS, Keith 227 Fieldstone Lane Wewahitchka, FL 32465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMERSON, JESSICA 574 KEMP CEMETARY RD. WEWAHITCHKA, FL 32465 <input checked="" 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	SEC JAMERSON, JESSICA 574 KEMP CEMETARY RD. WEWAHITCHKA, FL 32465 <input checked="" 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: <u><i>Keith Thomas</i></u> Keith Thomas - President 8-6-07 850-340-0523 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					