

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90016 014 ***150.00

DOCUMENT # P03000067302 1. Entity Name T & D TILE INC.	
---	---

Principal Place of Business 11950 VAN LOON AVE. PORT CHARLOTTE, FL 33981	Mailing Address 11950 VAN LOON AVE. PORT CHARLOTTE, FL 33981
--	--



05142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2362215	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEVAN, TODD D 11950 VAN LOON AVE. PORT CHARLOTTE, FL 33981
--

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVAN, TODD D 11950 VAN LOON AVE. PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARENT, THOMAS M 11950 VAN LOON AV E PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: TODD D. BEVAN 9/2/06 941-626-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #