## .2006 FOR PROFIT CORPORATION ----ANNUAL-REPORT-(AR)

## **Secretary of State** DOCUMENT # P03000081131 02-27-2006 90081 015 \*\*\*150.00 WINTER PARK TILE & STONE, INC. Principal Place of Business Mailing Address 1620 ALDEN ROAD 1620 ALDEN ROAD ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0129039 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDERMAST, ARNOLD E Street Address (P.O. Box Number is Not Acceptable) 2230 HOWARD DRIVE WINTER PARK FL 32789 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE RAMSAUR, JR CARL HAMILTON NAME RAMASUR, CARL HAMILTON NAME 1293 S. TIMBERLAND TRAIL ALTAMONTE SPANOS, FL 32714 STREET ADDRESS 1273 S. TIMBERLAND TRAIL STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP VP WROHU SPELLING Delete TITLE Addition VANDERSLICE STEVEN EZ K 1600 ROBERT STREET NAME VALDERSLICE, STEVEN ERIC NAME STREET ADDRESS 1600 ROBERT STREET STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 LONGWOOD FL 32750 CITY+ST-7IP TITLE Dolote . TITLE NAME NAME VANDERMAST, ARNOLD E STREET ADDRESS 2230 HOWARD DRIVE STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date

FILED

Feb 27, 2006 8:00 am

407-447-040