

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90048 004 ***150.00

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1. Entity Name

FORTIS TILE AND MARBLE, INC.



Principal Place of Business

1060 ACADEMY DRIVE
ALTAMONTE SPRING FL 32714

Mailing Address

1060 ACADEMY DRIVE
ALTAMONTE SPRING FL 32714



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

107 COUNTRY CLUB CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

107 COUNTRY CLUB CIRCLE
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

54-2120676

Applied For

Not Applicable

Zip

32771

Country

U.S.A

Zip

32771

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIDALGO, NELSON P
1060 ACADEMY DRIVE
ALTAMONTE SPRING FL US

7. Name and Address of New Registered Agent

Name

HIDALGO NELSON P

Street Address (P.O. Box Number is Not Acceptable)

107 COUNTRY CLUB CIRCLE

City

SANFORD

FL

Zip Code

32771

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

2/8/07

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HIDALGO, NELSON
STREET ADDRESS 1060 ACADEMY DRIVE
CITY-ST-ZIP ALTAMONTE SPRING FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME HIDALGO NELSON
STREET ADDRESS 107 COUNTRY CLUB CIRCLE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07

Date

Daytime Phone #