


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90035 010 ***558.75

DOCUMENT # P03000091705			
1. Entity Name TRICE TILE & MARBLE INC.			
Principal Place of Business 7570 COURT RUN EAST BOCA RATON FL 33433		Mailing Address 7570 COURT RUN EAST BOCA RATON FL 33433	
2. Principal Place of Business 7570 Court Run East Boca Raton FL 3		3. Mailing Address 7570 Court Run East Boca Raton FL 3	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton FL 33433		City & State Boca Raton FL 33433	
Zip 33433		Zip 33433	
Country Palm Beach		Country Palm Beach	
6. Name and Address of Current Registered Agent TRICE, MICHAEL E 7570 COURT RUN EAST BOCA RATON FL 33433			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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>Paulette Trice</u> DATE <u>7/18/06</u> <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 6, 2006 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES TRICE, MICHAEL E 7570 COURT RUN EAST BOCA RATON FL 33433 <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	VP TRICE, PAULETTE G 7570 COURT RUN EAST BOCA RATON FL 33433 <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
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2nd MOORE CR2E034 (4/06)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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

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: Paulette Trice V.P. DATE 7/18/06 DAYTIME PHONE # 561-929-1793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR