

FILEDApr 12, 2007 08:00 A
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P03000105035**1. Entity Name
KEN'S TILE SERVICE, INC.Principal Place of Business
**4120 OLD TAFFORD WAY
ORLANDO, FL 32810**Mailing Address
**4120 OLD TAFFORD WAY
ORLANDO, FL 32810****DO NOT WRITE IN THIS SPACE**

04032007 No Chg-P CR2E034 (11/05)

4. FEI Number
86-1083030Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MASSEY, GARY E
100 W. CITRUS STREET
ALTAMONTE SPRINGS, FL 32714****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

Signature, typed or printed name of registered agent and title if applicable.

(Not for Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
PRACHNIAK, KENNETH
4120 OLD TAFFORD WAY
ORLANDO, FL 32810**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIPU000000702733
04/20/07-80110-006 150.00**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:

Kenneth Prachniak Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR4/1/07 4875926524
Date Daytime Phone #