2006 FOR PROFIT CORPORATION **ANMUAL REPORT (AR)** 

SIGNATURE:

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # P03000109088 ERIC KAUFMAN TILE INSTALLATION, INC. Principal Place of Business Mailing Address 29261 SE 180TH STREET ALTOONA FL 32702 29261 SE 180TH STREET ALTOONA FL 32702 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 87-0711382 Not Applicable $Z_{iD}$ Country Ζiρ 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 KAUFMAN, ERIC D 29261 SE 180TH STREET Street Address (P.O. Box Number is Not Acceptable) ALTOONA FL 32702 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 Signature Typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signatum required when remaining) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. [ Change neitibbA [7] TIBE D Detaile 12**7**1 F Unnonnsagnso NAME KAUFMAN, ERIC D NAME 05/12/86-80048-020 150.00 STREET ADDRESS STREET ADDRESS 29261 SE 160TH STREET CITY-ST-ZIP ALTOONA FL 32702 CITY-ST-ZIP TITLE Oelele JIFLE. Channe Addition MAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP Change ☐ Addition Delete HILL NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THE Detete TITLE Change NAME STREET ADDRESS STALET ADDRESS CUTY-ST-702 CITY - S7 - 21P C Detete ☐ Change [] Addition HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-207 CHY-SY-7/P 12. Thereby 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 employeed.

**FILED**