


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000110043</b> 1. Entity Name ABM TILE INSTALLATIONS, INC.	
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Principal Place of Business 265 SE RAY AVENUE PORT ST. LUCIE, FL 34983	Mailing Address 265 SE RAY AVENUE PORT ST. LUCIE, FL 34983 US
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07212006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3715451	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LILJEDAHN, ERIC A 265 SE RAY AVENUE PORT ST. LUCIE, FL 34983
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

000000573169  
08/02/06-80005-007 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILJEDAHN, ERIC A 265 SE RAY AVENUE PORT ST. LUCIE, FL 34983
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**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:** Eric A. Liljedahl **ERIC A. LILJEDAHN** 7-27-06 772-528-8849  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #