## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED. Aug 02, 2007 08:00 AN Secretary of State DOCUMENT # P03000110043 1. Entity Name ABM TILE INSTALLATIONS, INC. Mailing Address Principal Place of Business 265 SE RAY AVENUE PORT ST. LUCIE FL 34983 265 SE RAY AVENUE PORT ST. LUCIE FL 34983 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 04-3715451 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LILJEDAHL, ERIC A 265 SE RAY AVENUE Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34983 City Zip Code FL 8. The above named onlity 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 ☐ Addition FIELE TITE Delete LILJEDAHL, ERIC A MARK 265 SE RAY AVENUE STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34983 CITY ST ZIP CHY ST. 7IP <u>U00006771173</u> 08/02/07-80001-00**47550:**00□ Addition 31111 ☐ Delete IIILI NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP 🗀 Delcle MU. Change Addition BBL NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete THE DILI MARKE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY ST ZIP ☐ Delele TITLE ☐ Change ☐ Addition ЩЦ NAME MAME STREET ADDRESS STREET ADDRESS CITY SI ZIP CBY - ST-712 Change Addition Delete HILE mu NAME MAM STRUCT ADDRESS STREET ADDRESS CITY - ST- ZIP CHY ST-782 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 path, 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 a address, with all other like empowered

SIGNATURE: SIGNATURE AND TYPED OR PRINTER MARKE OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR